

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Great Pacific Seafoods, Inc.

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 91-0998822

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	650 S. Orcas Street Seattle, WA 98108 Number, Street, City, State & ZIP Code	P.O. Box 81165 Seattle, WA 98108 P.O. Box, Number, Street, City, State & ZIP Code
	King County	Location of principal assets, if different from principal place of business Kenai, AK, Anchorage, AK, Whittier, AK, Kasilof, AK Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.Greatpacificseafoods.com

6. Type of debtor  
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify:

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4249

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☐ No

☒ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?

☒ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

**Kenai, AK, Anchorage, AK, Whittier, AK, Kasilof, AK**

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☒ Yes. Insurance agency

**Wells Fargo Insurance Services, Inc.**

Contact name

**Marla Branch**

Phone

**206-731-1200**

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☒ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☒ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 29, 2016**  
MM / DD / YYYY

**X /s/ Daniel J. DeMatteis**  
Signature of authorized representative of debtor  
  
Title **President**

**Daniel J. DeMatteis**  
Printed name

**18. Signature of attorney**

**X /s/ Aimee S. Willig WSBA**  
Signature of attorney for debtor

Date **May 29, 2016**  
MM / DD / YYYY

**Aimee S. Willig WSBA**  
Printed name

**Bush Kornfeld LLP**  
Firm name

**601 Union St., Suite 5000  
Seattle, WA 98101-2373**  
Number, Street, City, State & ZIP Code

Contact phone **206-292-2110** Email address

**#22859**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Great Pacific Seafoods, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 29, 2016

**X /s/ Daniel J. DeMatteis**

Signature of individual signing on behalf of debtor

**Daniel J. DeMatteis**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Great Pacific Seafoods, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>9,490,000.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>2,909,687.92</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>12,399,687.92</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>8,657,581.00</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>3,006.96</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>3,661,878.98</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>12,322,466.94</b>

**Fill in this information to identify the case:**Debtor name **Great Pacific Seafoods, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B**  
**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **U.S. Bank****Checking****0871****\$8,934.00**3.2. **Wells Fargo****Checking****0637****\$63.00**3.3. **Wells Fargo****Checking****1188****\$10,677.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$19,674.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **Dean Hilde - Anchorage egg house****\$2,148.00**

Debtor Great Pacific Seafoods, Inc.  
Name

Case number (If known) \_\_\_\_\_

7.2. Orcas Business Park - Seattle Office \$731.00

7.3. Wells Fargo Insurance - refund. \$4,568.92

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$7,447.92

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 238,428.00 - 0.00 = .... \$238,428.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 44,101.00 - 0.00 = .... \$44,101.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$282,529.00

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <u>Raw materials Packing</u>	<u>4/30/2016</u>	<u>\$506,141.00</u>	<u>NOLV</u>	<u>\$75,921.00</u>

20. **Work in progress**

21. **Finished goods, including goods held for resale**



Debtor Great Pacific Seafoods, Inc. Case number (If known) \_\_\_\_\_  
Name

<b>Frozen Fish</b>	<b>\$209,323.00</b>	<b>Recent cost</b>	<b>\$209,323.00</b>
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22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$285,244.00**

24. **Is any of the property listed in Part 5 perishable?**

☐ No

☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☐ No. Go to Part 7.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops-either planted or harvested</b>			
29. <b>Farm animals</b> <i>Examples: Livestock, poultry, farm-raised fish</i>			
30. <b>Farm machinery and equipment</b> <i>(Other than titled motor vehicles)</i>			
31. <b>Farm and fishing supplies, chemicals, and feed</b>			
32. <b>Other farming and fishing-related property not already listed in Part 6</b>			
<b>Skiff and bouys</b>	<b>\$13,601.00</b>	<b>NBV</b>	<b>\$13,601.00</b>

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

**\$13,601.00**

34. **Is the debtor a member of an agricultural cooperative?**

☒ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

☐ No

☒ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

Debtor Great Pacific Seafoods, Inc.  
Name

Case number (If known) \_\_\_\_\_

- ☒ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Included below.	\$0.00		\$0.00
40.	Office fixtures Included below.	\$0.00		\$0.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Office Equipment and software.	\$24,657.00	NBV	\$24,657.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$24,657.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No  
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	Please see attached.	\$151,141.00	NBV	\$151,141.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			

Debtor Great Pacific Seafoods, Inc.  
Name

Case number (If known) \_\_\_\_\_

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Equipment.**

\$2,061,394.00 **NBV**

\$2,061,394.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$2,212,535.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. **Processing Plant  
2101 Bowpicker Ln.  
Kenai, AK \*Broker  
Opinion is as to all  
properties: Comm.  
Condos 1-4 [Liens:  
Zions, SBA, US  
Bank]; 8-10 [Liens  
Alaska Credit,  
Continental, US  
Bank]  
Best Case allows  
single US Bank Lien  
Link [Anchorage].**

Fee Simple

\$2,645,936.00

Broker Opinion

\$3,200,000.00

Debtor Great Pacific Seafoods, Inc.  
Name

Case number (If known) \_\_\_\_\_

55.2. Dock  
27367 Tideland St.  
Kasilof, AK  
\*Debtor unable to  
mark "YES" box on  
Schedule D. US Bank  
holds a 2nd position  
DOT lien against this  
property. Best Case  
software allows only  
single lien  
"Link"[Anchorage].

Fee Simple	\$522,327.00	Broker Opinion	\$800,000.00
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55.3. Processing Plant  
710 Whittier St.  
Whittier, AK  
\*Debtor unable to  
mark "YES" box on  
Schedule D. US Bank  
holds a 2nd position  
DOT lien against this  
property. Best Case  
software allows only  
single lien "Link"  
[Anchorage].

Subject to Land Use Permit	\$455,906.00	Broker Opinion	\$2,700,000.00
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55.4. Processing Plant  
4201 Old  
International Airport  
Rd.  
Anchorage, AK

Subject to Land Lease	\$269,095.00	Broker Opinion	\$2,700,000.00
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55.5. Condominiums 402,  
406, 413  
Begich Tower  
100 Kenai St.  
Whittier, AK 99693

Fee Simple	\$7,959.00	Estimate	\$90,000.00
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56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$9,490,000.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☐ No  
☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☐ No  
☒ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

Debtor Great Pacific Seafoods, Inc. Case number (If known) \_\_\_\_\_  
Name

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Great Pacific Seafoods Trademark	\$0.00		\$0.00
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties Fish Processing Licenses (expired)	\$0.00		\$0.00
63.	Customer lists, mailing lists, or other compilations Customer List	\$0.00		\$0.00
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
Include all interests in executory contracts and unexpired leases not previously reported on this form.
- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

				Current value of debtor's interest
71.	Notes receivable Description (include name of obligor) Island Runner Fisheries, Inc.	64,000.00 Total face amount	- 0.00 doubtful or uncollectible amount	\$64,000.00
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)			
73.	Interests in insurance policies or annuities			
74.	Causes of action against third parties (whether or not a lawsuit has been filed)			

Debtor Great Pacific Seafoods, Inc.  
Name

Case number (If known) \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Balance of insurance claim: claim for loss in value of product previously paid, balance of claim for storage and shipping has not been paid.

Unknown

Nature of claim	Insurance claim
Amount requested	\$0.00

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$64,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor Great Pacific Seafoods, Inc.  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$19,674.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$7,447.92</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$282,529.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$285,244.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$13,601.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$24,657.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$2,212,535.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$9,490,000.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$64,000.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$2,909,687.92</u>	+ 91b. <u>\$9,490,000.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$12,399,687.92</u>

**GREAT PACIFIC SEAFOODS, INC.**

Attachment to Schedule A/B  
Question 47



**GREAT PACIFIC SEAFOODS, INC.  
STATEMENT OF ASSETS**

**Vehicles**

Garaging City	Make	Model	Year	VIN
Anchorage	Chevrolet	Blazer	2002	1GNC518W32K193846
Anchorage	Wabash	54' Triakle	1997	1JUE543E9VL411948
Anchorage	Wabash	54' Triakle	1996	1JUE543E3TL364980
Anchorage	Wabash	54' Triakle	1998	1JUV543W1WL485486
Anchorage	GMC	G3500	1995	1GDHG31Y0SF556731
Anchorage	GMC	Sierra	1995	2GTFK29K7S1592251
Anchorage	Chevrolet	Suburban	1993	1GNFK16KXPJ353327
Anchorage	Dodge	Caravan	1993	1B4GK44R4PY687619
Anchorage	Chevrolet		1992	2GAFG35K6NA165474
Anchorage	Chevrolet	Suburban	1988	1GNGV26K9JF155351
Anchorage	Ford	F150	2002	2FTRF18W52CA38078
Anchorage	Intl	Truck	1979	AA182JHB16996
Kenai	Dodge	Ram 3500	2001	2B5WB35Z7J1K539141
Kenai	Freightliner	Tractor	2000	1FUJFXVB5YL03699
Kenai	Freightliner	Flatbed	1999	1FVX3MCB4XPA70801
Kenai	Chevrolet	Suburban	1993	1GNGK26K7P1391429
Kenai	Chevrolet	Suburban	2002	1GNFK16Z32L130567
Kenai	Ford	Cargo 6000	1990	98FPH60P6LDM00980
Kenai	Ford	F150	1990	1FTDF15N5LLA2556
Kenai	Ford	F/B	1970	F60DRH11130
Whittier	Dodge	CVN	1999	1B4GP44G5XB84527
Whittier	Kenworth	Seni	2007	1XKDD49X77R179094
Whittier	Freightliner	Purple	2006	1FUJCRCK56PU58879
Whittier	Chevrolet	Flatbed	1988	1GDS7D446IV532381
Whittier	Ford	Explorer	1996	1FMDU34X3TUD22509
Whittier	Wabash	54' Triakle	1996	1JUE543E0TL364953
Whittier	Wabash	54' Triakle	1996	1JUE543E0TL364967
Whittier	Ford	F250	1991	1FTHF25GXMNA31591
Whittier	Mack	Boom Truck	1989	2M2P14AC8KC007927
Whittier	Ford	Van	1988	1FBJ531M8JHB23411
Whittier	Trailmobile		1985	1PTO11N3F9009591
Whittier	Trailmobile		1985	1PTO11N3F9009588
Whittier	Ford	F250	1978	F28HRCB0336/A78398L
Whittier	Mack	Boom Truck	1989	4590489113
Whittier	GMC	Boom Truck	1975	TM6675V609255

**Fill in this information to identify the case:**

Debtor name **Great Pacific Seafoods, Inc.**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	<div>ALASKA USA FED. CREDIT UNION</div> <div>Creditor's Name</div> <div>ANCHORAGE FINANCIAL CTR</div> <div>500 W 36TH Ave</div> <div>SUITE 400</div> <div>ANCHORAGE, AK 99519</div> <div>Creditor's mailing address</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number</div> <div>Do multiple creditors have an interest in the same property?</div> <div><input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</div> <div>1. ZIONS BANK</div> <div>2. SMALL BUSINESS ADMINISTRATION</div> <div>3. ALASKA USA FED. CREDIT UNION</div> <div>4. CONTINENTAL LAND</div>	<div>Describe debtor's property that is subject to a lien</div> <div>Processing Plant 2101 Bowpicker Ln. Kenai, AK *Broker Opinion is as to all properties: Comm. Condos 1-4 [Liens: Zions, SBA, US Bank]; 8-10 [Liens Alaska Credit, Continental, US Bank]</div> <div>Best Case allows single US Bank Lien Link [Anchorage].</div> <div>Describe the lien</div> <div>1st Deed of Trust Commercial Condos 8-10.</div> <div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div> <div>As of the petition filing date, the claim is:</div> <div>Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>\$408,420.00</div> <div>\$3,200,000.00</div>

2.2	<b>CONTINENTAL LAND</b> <small>Creditor's Name</small>  <b>1113 W. FIREWEED LANE</b> <b>ANCHORAGE, AK 99503</b>	Describe debtor's property that is subject to a lien <b>Processing Plant 2101 Bowpicker Ln. Kenai, AK *Broker Opinion is as to all properties: Comm. Condos 1-4 [Liens: Zions, SBA, US Bank]; 8-10 [Liens Alaska Credit, Continental, US Bank] Best Case allows single US Bank Lien Link [Anchorage].</b>	<b>\$103,400.00</b>	<b>\$3,200,000.00</b>
-----	---	--	---------------------	-----------------------

<div>Name</div>	<div>Describe the lien</div> <div><b>2nd Deed of Trust Commercial Condos 8-10.</b></div>
<div>Creditor's mailing address</div>	<div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
<div>Creditor's email address, if known</div>	<div>Is anyone else liable on this claim?</div> <div><input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div>
<div>Date debt was incurred</div>	
<div>Last 4 digits of account number</div>	
<div>Do multiple creditors have an interest in the same property?</div> <div><input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>
<div><b>Specified on line 2.1</b></div>	

<div>2.3</div> <div><b>CTT MANAGEMENT CO, LLC</b></div> <div>Creditor's Name</div>	<div>Describe debtor's property that is subject to a lien</div> <div><b>Processing Plant</b></div> <div><b>710 Whittier St.</b></div> <div><b>Whittier, AK</b></div> <div><b>*Debtor unable to mark "YES" box on Schedule D. US Bank holds a 2nd position DOT lien against this property. Best Case software allows only single lien "Link" [Anchorage].</b></div>	<div><b>\$505,069.00</b></div>	<div><b>\$2,700,000.00</b></div>
<div><b>4304 DERRICK COVE</b></div> <div><b>SPICEWOOD, TX 78669</b></div> <div>Creditor's mailing address</div>	<div>Describe the lien</div> <div><b>SI Pers. Prop. + 1st Deed of Trust</b></div>		
<div>Creditor's email address, if known</div>	<div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>		
<div>Date debt was incurred</div>	<div>Is anyone else liable on this claim?</div> <div><input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div>		
<div>Last 4 digits of account number</div>			
<div>Do multiple creditors have an interest in the same property?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</div>	<div>As of the petition filing date, the claim is:</div> <div>Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>		

<div>2.4</div> <div><b>FIRST MORTGAGE, INC</b></div> <div>Creditor's Name</div>	<div>Describe debtor's property that is subject to a lien</div> <div><b>NOTICE ONLY</b></div>	<div><b>\$0.00</b></div>	<div><b>\$0.00</b></div>
<div><b>4141 B STREET</b></div> <div><b>SUITE 305</b></div> <div><b>ANCHORAGE, AK 99503</b></div> <div>Creditor's mailing address</div>	<div>Describe the lien</div>		
<div>Creditor's email address, if known</div>	<div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>		
<div>Date debt was incurred</div>	<div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div>		
<div>Last 4 digits of account number</div>			

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if know)

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.5 Flat Iron Capital**

Creditor's Name

**1700 Lincoln St. 12th Fl  
Denver, CO 80203**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$268,981.00**

**\$0.00**

**Unearned premiums**

**Describe the lien**

**Premium Financing**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.6 RANDAL VASKO**

Creditor's Name

**PO BOX 810  
KASILOF, AK 99610**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$369,796.00**

**\$800,000.00**

**Dock  
27367 Tideland St.  
Kasilof, AK**

**\*Debtor unable to mark "YES" box on  
Schedule D. US Bank holds a 2nd position  
DOT lien against this property. Best Case  
software allows only single lien  
"Link"[Anchorage].**

**Describe the lien**

**SI certain Personal Prop. + 1st Deed of Trust**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Is anyone else liable on this claim?**

- ☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

- Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.7 Randal Vasko c/o**

**Describe debtor's property that is subject to a lien**

**\$0.00**

**\$0.00**

Creditor's Name

Robert H. Hume, Jr.  
Landye Bennett Blumstein  
LLP  
701 W. 8th Ave., Suite 1200  
Anchorage, AK 99501

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

NOTICE ONLY

Describe the lien

Is the creditor an insider or related party?  
☒ No  
☐ Yes

Is anyone else liable on this claim?  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.8

SCANDIA CAPITAL PARTNERS, INC.

Creditor's Name

15304 NE 95TH STREET  
REDMOND, WA 98052

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

NOTICE ONLY

Describe the lien

Is the creditor an insider or related party?  
☒ No  
☐ Yes

Is anyone else liable on this claim?  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$0.00

\$0.00

2.9

SMALL BUSINESS ADMINISTRATION

Creditor's Name

FMLP PROGRAM  
9062 OLD ANNAPOLIS RD  
COLUMBIA, MD 21045

Creditor's mailing address

Describe debtor's property that is subject to a lien

Processing Plant 2101 Bowpicker Ln. Kenai, AK \*Broker Opinion is as to all properties: Comm. Condos 1-4 [Liens: Zions, SBA, US Bank]; 8-10 [Liens Alaska Credit, Continental, US Bank] Best Case allows single US Bank Lien Link [Anchorage].

Describe the lien

SI Equipment and 2nd Deed of Trust Commercial Condos 1-4.

Is the creditor an insider or related party?  
☒ No

\$666,731.00

\$3,200,000.00

Debtor **Great Pacific Seafoods, Inc.**

Case number (if know)

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
0 **U.S. BANCORP  
EQUIPMENT FIN.**

Creditor's Name

**13010 S.W. 68TH PKWY  
PORTLAND, OR 97223**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Equipment****\$255,913.00****Unknown**

Describe the lien

**Security interest**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
1 **U.S. BANK**

Creditor's Name

**P.O. BOX 790429  
ST. LOUIS, MO 63179-0429**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Processing Plant  
4201 Old International Airport Rd.  
Anchorage, AK****\$4,978,785.00****\$2,700,000.00**

Describe the lien

**SI Pers. Prop. + DOTs Kenai (junior), Kasilof  
(2nd), Anch. (1st), Whitt. (2nd)**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if know)

2.1 **U.S. Small Business**  
2 **Admin.**

Creditor's Name  
**510 L Street**  
**Room 310**  
**Anchorage, AK 99501**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**NOTICE ONLY**

**\$0.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 **US Bank /co TERESA**  
3 **PEARSON**

Creditor's Name  
**MILLER NASH LLP**  
**3500 U.S. BANCORP**  
**TOWNER**  
**111 SW 5TH AVE.**  
**PORTLAND, OR**  
**97204-3638**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien  
**NOTICE ONLY**

**\$0.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 **Well Fargo Equip. Finance**  
4

Creditor's Name  
**733 Marquette Ave.**  
**Suite 700**  
**Minneapolis, MN 55402**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien  
**Notice Only**

**\$0.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.1 5	<b>WELLS FARGO EQUIPMENT FIN. INC</b> <small>Creditor's Name</small> <b>1540 W. Fountainhead Pkw Tempe, AZ 85282</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<div>Describe debtor's property that is subject to a lien <b>Equipment</b></div> <div>Describe the lien <b>Purchase Money Security</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div> <div>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<u>\$53,010.00</u>	<u>Unknown</u>
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2.1 6	<b>WELLS FARGO EQUIPMENT FINANCE</b> <small>Creditor's Name</small> <b>1540 W. FOUNTAIN HEAD Tempe, AZ 85282</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<div>Describe debtor's property that is subject to a lien <b>Equipment</b></div> <div>Describe the lien <b>Purchase Money Security</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</div> <div>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div>	<u>\$103,142.00</u>	<u>Unknown</u>
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2.1 7	<b>ZION CREDIT CORP</b>	<div>Describe debtor's property that is subject to a lien</div>	<u>\$153,267.00</u>	<u>Unknown</u>
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Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if know)

Creditor's Name

**P.O. BOX 26536  
SALT LAKE CITY, UT 84126**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

## Equipment

Describe the lien

### Purchase Money Security

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
8

## ZIONS BANK

Creditor's Name

**NATIONAL REAL ESTATE  
GROUP  
P.O. BOX 26304  
SALT LAKE CITY, UT 84126**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No  
☒ Yes. Specify each creditor, including this creditor and its relative priority.

**Specified on line 2.1**

Describe debtor's property that is subject to a lien

**Processing Plant 2101 Bowpicker Ln. Kenai, AK \*Broker Opinion is as to all properties: Comm. Condos 1-4 [Liens: Zions, SBA, US Bank]; 8-10 [Liens Alaska Credit, Continental, US Bank] Best Case allows single US Bank Lien Link [Anchorage].**

**\$791,067.00**

**\$3,200,000.00**

Describe the lien

### SI Equipment and 1st Deed of Trust - Commercial Condos 1-4.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
9

## Zions Credit Corp.

Creditor's Name

**310 S. Main  
Suite 1300  
Salt Lake City, UT 84101**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

### NOTICE ONLY

**\$0.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

2.2 0	<b>Zions First National Bank</b> Creditor's Name <b>One S. Main St. Suite 1400 Salt Lake City, UT 84133</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>NOTICE ONLY</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
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3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	<b>\$8,657,581.00</b>
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**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**  
List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.  
If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Great Pacific Seafoods, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>CITY OF KOTZEBUE P.O. BOX 46 KOTZEBUE, AK 99752</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$765.87</b>	<b>\$765.87</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>CITY OF SEATTLE DEPT OF FINANCE P.O. BOX 34905 SEATTLE, WA 98124-1905</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$220.73</b>	<b>\$220.73</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Great Pacific Seafoods, Inc.**  
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2.3	Priority creditor's name and mailing address <b>CITY OF WHITTIER P.O. BOX 608 WHITTIER, AK 99693</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$153.36</b>	<b>\$153.36</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

2.4	Priority creditor's name and mailing address <b>KING COUNTY TREASURY 500 4TH AVE #600 SEATTLE, WA 98104-2340</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$160.57</b>	<b>\$160.57</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

2.5	Priority creditor's name and mailing address <b>MUNICIPALITY OF ANCHORAGE P.O. BOX 196650 FINANCE DEPARTMENT ANCHORAGE, AK 99519</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,706.43</b>	<b>\$1,706.43</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address <b>1 OCEAN SEAFOOD PO BOX 539 FOX ISLAND, WA 98333</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
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Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.2	Nonpriority creditor's name and mailing address <b>10TH M SEAFOODS 1020 M STREET ANCHORAGE, AK 99501</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>
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Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Great Pacific Seafoods, Inc.**  
Name

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3.3	Nonpriority creditor's name and mailing address <b>1ST AVE SELF STORAGE 2400 1ST AVE SOUTH SEATTLE, WA 98134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.4	Nonpriority creditor's name and mailing address <b>2 BEARS TRUCKING P O BOX 1976 SOLDOTNA 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.5	Nonpriority creditor's name and mailing address <b>A-1 COPY SYSTEMS, LLC 927 WEST FIREWEED LN#1 ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.6	Nonpriority creditor's name and mailing address <b>A1 ENTERPRISES, INC 229 WILSON LANE SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.7	Nonpriority creditor's name and mailing address <b>ABBEON CAL, INC. 123 GRAY AVENUE SANTA BARBARA, CA 00931-0118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.8	Nonpriority creditor's name and mailing address <b>ABLE LOCKSMITHS 511 E NORTHERN LIGHTS BLVD ANCHORAGE, AK 99503-2808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.9	Nonpriority creditor's name and mailing address <b>ACE ENGINEERING P.O. BOX 2324 SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$990.00</b>

Debtor **Great Pacific Seafoods, Inc.**  
Name

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3.10	Nonpriority creditor's name and mailing address <b>ACME PALLETS</b> <b>P.O. BOX 220067</b> <b>ANCHORAGE, AK 99522-0067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.11	Nonpriority creditor's name and mailing address <b>ADAM BARROWCLIFF</b> <b>PO Box 595</b> <b>ANCHOR POINT, AK 99556</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.12	Nonpriority creditor's name and mailing address <b>ADVANCED PROPELLER</b> <b>3236 LAKE ST</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.13	Nonpriority creditor's name and mailing address <b>AADF</b> <b>431 W. 7TH AVE. SUITE 106</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.14	Nonpriority creditor's name and mailing address <b>AFFILIATED ASSOCIATIONS</b> <b>OF AMERICA</b> <b>10510 NE NORTHUP WAY SUITE200</b> <b>KIRKLAND, WA 98033</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.15	Nonpriority creditor's name and mailing address <b>AIR LIQUIDE AMERICA CORP.</b> <b>6415 ARCTIC BLVD</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.16	Nonpriority creditor's name and mailing address <b>AIRGAS-NOR PAC, INC.</b> <b>P.O. BOX 7423</b> <b>PASADENA, CA 91109-7423</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,306.22</b>

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.17	Nonpriority creditor's name and mailing address <b>AIRPORT EQUIPMENT RENTAL PO BOX 72578 FAIRBANKS, AK 99707</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,776.47</b>
3.18	Nonpriority creditor's name and mailing address <b>AK EXPRESS TAGS/TITLES 44661 STERLING HWY SUITE A SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.19	Nonpriority creditor's name and mailing address <b>ALASKA AIR CARGO PO BOX 68900 SEATTLE, WA 98168</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.20	Nonpriority creditor's name and mailing address <b>ALASKA AIR FORWARDING, INC. P.O. BOX 68280 SEATTLE, WA 98168-0280</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.21	Nonpriority creditor's name and mailing address <b>ALASKA AIRLINES PO BOX 749877 LOS ANGELES, CA 90074-9877</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.22	Nonpriority creditor's name and mailing address <b>ALASKA BEARING CORPORTION 350 EAST INTERNATIONAL AIRPORT ROAD ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.23	Nonpriority creditor's name and mailing address <b>ALASKA BEST WATER 11811 S. GAMBELL ST. ANCHORAGE, AK 99515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,635.52</b>

Name

3.24	Nonpriority creditor's name and mailing address <b>ALASKA BOILER TREATMENT PO BOX 231812 ANCHORAGE, AK 99523-1812</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.25	Nonpriority creditor's name and mailing address <b>ALASKA BOLT &amp; CHAIN, INC. 36314 KENAI SPUR HWY SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.26	Nonpriority creditor's name and mailing address <b>ALASKA BUSINESS SYSTEMS, INC. 619 E. FIFTH AVE., SUITE 100 ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.27	Nonpriority creditor's name and mailing address <b>ALASKA BUTCHER &amp; SUPPLY 4507 MOUNTAIN VIEW DRIVE ANCHORAGE, AK 99508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.28	Nonpriority creditor's name and mailing address <b>ALASKA COMMUNICATIONS SYSTEMS P.O. BOX 196666 ANCHORAGE, AK 99519-6666</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$61.60</b>
3.29	Nonpriority creditor's name and mailing address <b>ALASKA CUSTOM SEAFOODS 4474 HOMER SPIT ROAD P.O. BOX 996 HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.30	Nonpriority creditor's name and mailing address <b>ALASKA DEPARTMENT OF REVENUE INCOME AND EXCISE AUDIT DIV. P.O. BOX 110420 JUNEAU, AK 99811-0420</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.31	Nonpriority creditor's name and mailing address <b>ALASKA DEPT OF LABOR PO BOX 107022 ANCHORAGE, AK 99510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.32	Nonpriority creditor's name and mailing address <b>ALASKA ENVIRONMENTAL &amp; SAFETY SUPPLY, INC. 7521 OLD SEWARD HWY. UNIT C ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.33	Nonpriority creditor's name and mailing address <b>ALASKA FIRE, INC. 1200 EAST 76TH AVE. SUITE 1224 ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.34	Nonpriority creditor's name and mailing address <b>ALASKA HYDRAULICS, INC. 166 E. POTTER DRIVE SUITE #1 ANCHORAGE, AK 99518-1377</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.35	Nonpriority creditor's name and mailing address <b>ALASKA INDUSTRIAL HARDWARE 2192 VIKING DRIVE ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.36	Nonpriority creditor's name and mailing address <b>ALASKA INSULATION SUPPLY 261 E 56TH AVE BLD B ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.37	Nonpriority creditor's name and mailing address <b>ALASKA MARINE LINES, INC. P.O. BOX 24348 SEATTLE, WA 98124-1026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.38	Nonpriority creditor's name and mailing address <b>ALASKA NORTHERN FISHERIES</b> <b>PO BOX 2235</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.39	Nonpriority creditor's name and mailing address <b>ALASKA OIL SALES</b> <b>43442 K-BEACH ROAD</b> <b>SOLDOTNA 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106.48</b>
3.40	Nonpriority creditor's name and mailing address <b>ALASKA PACIFIC SEAFOODS</b> <b>627 SHELIKOF ST</b> <b>KODIAK, AK 99615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,020.40</b>
3.41	Nonpriority creditor's name and mailing address <b>ALASKA PACKAGING</b> <b>400 N SITKA</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.42	Nonpriority creditor's name and mailing address <b>ALASKA PACKAGING LUMBER LLC</b> <b>400 N SITKA</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,623.88</b>
3.43	Nonpriority creditor's name and mailing address <b>ALASKA PALLET SERVICES</b> <b>7940 SANDLEWOOD PL</b> <b>ANCHORAGE, AK</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.44	Nonpriority creditor's name and mailing address <b>ALASKA PIPE &amp; SUPPLY</b> <b>P.O. BOX 6005</b> <b>PORTLAND, OR 97228</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.45	Nonpriority creditor's name and mailing address <b>ALASKA PUMP &amp; SUPPLY</b> <b>PO BOX 201791</b> <b>DALLAS, TX 75320-1791</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.46	Nonpriority creditor's name and mailing address <b>ALASKA RAILROAD CORPORATION</b> <b>P.O. BOX 100520</b> <b>ANCHORAGE, AK 99510-0520</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109,853.53</b>
3.47	Nonpriority creditor's name and mailing address <b>ALASKA REFRIGERATION, INC.</b> <b>4205 COPE ST.</b> <b>ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.48	Nonpriority creditor's name and mailing address <b>ALASKA RUBBER &amp; SUPPLY INC.</b> <b>5811 OLD SEWARD HIGHWAY</b> <b>ANCHORAGE, AK 99518-1479</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$502.18</b>
3.49	Nonpriority creditor's name and mailing address <b>ALASKA SAFETY, INC</b> <b>4725 GAMBELL STREET</b> <b>ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.50	Nonpriority creditor's name and mailing address <b>ALASKA SALMON ALLIANCE</b> <b>P O BOX 586</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,596.35</b>
3.51	Nonpriority creditor's name and mailing address <b>ALASKA SCALE SERVICE</b> <b>1450 SOUTH BODENBURG LOOP</b> <b>PALMER, AK 99645</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.52	Nonpriority creditor's name and mailing address <b>ALASKA STEEL CO. 6180 ELECTRON DR ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.53	Nonpriority creditor's name and mailing address <b>ALASKA TOOL &amp; EQUIP. SERVICE 3207 ARCTIC BLVD. ANCHORAGE,, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.54	Nonpriority creditor's name and mailing address <b>ALASKA USA FEDERALCREDIT UNION P.O. BOX 196615 ANCHORAGE, AK 99519-6615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,183.52</b>
3.55	Nonpriority creditor's name and mailing address <b>ALASKA WAREHOUSE EQUIPMENT,INC 7720 SCHOON ST. ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.56	Nonpriority creditor's name and mailing address <b>ALASKA WASTE PO BOX 196097 ANCHORAGE, AK 99519-6097</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.57	Nonpriority creditor's name and mailing address <b>ALASKA WASTE 6301 ROSEWOOD ST. ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.58	Nonpriority creditor's name and mailing address <b>ALASKAN SALMON ALLIANCE P.O. BOX 586 KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>ALEXANDER I REUTOV</b> <b>PO BOX 2428</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>ALLIANCE ENTERPRISES, INC.</b> <b>P.O. BOX 610</b> <b>CLINTON, WI 53525-0610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>ALPHA &amp; OMEGA SALES LTD</b> <b>3827 RIVER ROAD WEST</b> <b>DELTA B.C. V4K3N2</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>ALPHAGRAPHICS</b> <b>3131 ELLIOTT AVENUE</b> <b>SUITE 100</b> <b>SEATTLE, WA 98121</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>ALPINE EQUIPMENT RENTALS</b> <b>3409 EVERETT AVE</b> <b>EVERETT, WA 98201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>ALYESKA SALES &amp; SERVICE INC.</b> <b>35095 K-B DRIVE</b> <b>SOLDOTNA, AK</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN EXPRESS</b> <b>SUITE 0001</b> <b>CHICAGO, IL 60679-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,322.50</b>
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3.66	Nonpriority creditor's name and mailing address <b>AMERICAN PEST MANAGEMENT ANC AMERICAN PEST MANAGEMENT 403 EAST FIREWEED LANE ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.67	Nonpriority creditor's name and mailing address <b>AMERIGAS 6951 E BLUE LUPINE DR PALMER, AK 99645</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,116.36</b>
3.68	Nonpriority creditor's name and mailing address <b>ANCHOR INN P.O. BOX 750 WHITTIER, AK 99693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.69	Nonpriority creditor's name and mailing address <b>ANCHORAGE SAND &amp; GRAVEL 1040 O'MALLEY ROAD ANCHORAGE, AK 99515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.70	Nonpriority creditor's name and mailing address <b>ANCHORAGE WATER &amp; WASTEWATER P.O. BOX 196626 ANCHORAGE, AK 99519-6626</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,702.85</b>
3.71	Nonpriority creditor's name and mailing address <b>ANDREA C TAYLOR 21055 EARL CT KASLOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.72	Nonpriority creditor's name and mailing address <b>ANDREW A UMLAUF 5060 INGLEWOOD DR LANGLEY, WA 98260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.73	Nonpriority creditor's name and mailing address <b>ANDREW BEALE</b> <b>345 BREEZE CT</b> <b>ANCHORAGE, AK 99515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.74	Nonpriority creditor's name and mailing address <b>ANDREW CRAIG</b> <b>P.O. BOX 2465</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.75	Nonpriority creditor's name and mailing address <b>ANNALEE HILL</b> <b>700 E. LAKE CIRCLE</b> <b>PALMER, AK 99645</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.76	Nonpriority creditor's name and mailing address <b>Anthony Chernishoff</b> <b>P.O. Box 1804</b> <b>Cordova, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,970.44</b>
3.77	Nonpriority creditor's name and mailing address <b>APD AUXILIARY SEARCH TEAM</b> <b>715 EAST 15TH AVE</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.78	Nonpriority creditor's name and mailing address <b>ARC 'N' SPARK WELDING</b> <b>308 SHELIKOF AVE</b> <b>KODIAK, AK 99615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.79	Nonpriority creditor's name and mailing address <b>ARCTIC OFFICE PRODUCTS</b> <b>P.O. BOX 100083</b> <b>ANCHORAGE, AK 99510</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,786.44</b>

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3.80	Nonpriority creditor's name and mailing address <b>ARCTIC WIRE ROPE AND SUPPLY</b> <b>6407 ARCTIC SPUR ROAD</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.81	Nonpriority creditor's name and mailing address <b>ARSENY KONEV</b> <b>P.O. BOX 3573</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.82	Nonpriority creditor's name and mailing address <b>ASLANIAN, VANESSA</b> <b>610 GALER CT</b> <b>APT 225</b> <b>SEATTLE, WA 98109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.83	Nonpriority creditor's name and mailing address <b>ASPLUND SUPPLY</b> <b>4005 SPENARD ROAD</b> <b>ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.84	Nonpriority creditor's name and mailing address <b>AT &amp; T</b> <b>P.O. BOX 52602</b> <b>PHOENIX, AZ 85072-2602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.85	Nonpriority creditor's name and mailing address <b>AT &amp; T</b> <b>P.O. BOX 5019</b> <b>CAROL STREAM, IL 60197-5019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.86	Nonpriority creditor's name and mailing address <b>AT &amp; T WHITTIER</b> <b>P.O. BOX 22111</b> <b>TULSA, OK 74121-2111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39.66</b>



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3.87	Nonpriority creditor's name and mailing address <b>AT &amp; T WIRELESS SERVICES</b> <b>PO BOX 105068</b> <b>ATLANTA, GA 30348-5068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.88	Nonpriority creditor's name and mailing address <b>AT &amp; T WIRELESS SERVICES</b> <b>617 EASTLAKE AVE. E.</b> <b>SEATTLE, WA 98109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.89	Nonpriority creditor's name and mailing address <b>AUCTION BLOCK</b> <b>4501 ICE DOCK RD</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,011.88</b>
3.90	Nonpriority creditor's name and mailing address <b>AUGUSTUS COTTEN</b> <b>PO BOX</b> <b>HALIBUT COVE, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.91	Nonpriority creditor's name and mailing address <b>AURORA REFRIGERATION</b> <b>P.O. BOX 111370</b> <b>ANCHORAGE, AK 99511-1370</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,302.58</b>
3.92	Nonpriority creditor's name and mailing address <b>AURORA WELDING SERVICE</b> <b>608 E. 74TH.</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.93	Nonpriority creditor's name and mailing address <b>AUTIO COMPANY</b> <b>93750 AUTIO LOOP</b> <b>ASTORIA,, OR 97103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>AUTOMATIC DATA PROCESSING</b> <b>5000 148TH AVE NE</b> <b>REDMOND, WA 98052-5119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>B&amp;J FORKLIFT SERVICES, INC.</b> <b>380 E. 54TH AVE</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,315.35</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>BAADER NORTH AMERICA CORP.</b> <b>3086 PAYSHERE CIRCLE</b> <b>CHICAGO, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,433.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>BANK OF AMERICA</b> <b>P.O. BOX 53155</b> <b>PHOENIX, AZ 85072-3155</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,047.73</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>BARKER, TRACY</b> <b>14910 SYKES DR S.E.</b> <b>MONROE, WA 98272</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>BECKWITH &amp; KUFFEL</b> <b>1313 S 96TH STREET</b> <b>SEATTLE, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,706.00</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>BEGICH TOWERS</b> <b>P.O. BOX 725</b> <b>PO BOX 725</b> <b>WHITTIER, AK 99693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.101	Nonpriority creditor's name and mailing address <b>BELLINGHAM COLD STORAGE CO.</b> <b>P.O. BOX 895</b> <b>BELLINGHAM, WA 98227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,891.92</b>
3.102	Nonpriority creditor's name and mailing address <b>BENEFICIAL NATIONAL BANK</b> <b>EAGLE</b> <b>P.O. BOX 15736</b> <b>WILMINGTON, DE 19886-5736</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.103	Nonpriority creditor's name and mailing address <b>BENJAMIN TROCKI</b> <b>P.O. BOX 703</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.104	Nonpriority creditor's name and mailing address <b>BENT PROP INN</b> <b>3104 EIDE ST</b> <b>ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.105	Nonpriority creditor's name and mailing address <b>BEST TRANSIT MIX</b> <b>35482 K-B DRIVE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.106	Nonpriority creditor's name and mailing address <b>BILL AFONIN</b> <b>PO Box 1472</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.107	Nonpriority creditor's name and mailing address <b>BLACK POINT IT SERVICES</b> <b>20435 72ND Ave. S. # 200</b> <b>KENT, WA 98032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,589.31</b>

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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>BOLDING'S ENTERPRISES, LLC</b> <b>2725 DILIGENCE CIRCLE</b> <b>ANCHORAGE, AK 99515</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Brackett, GLEN</b> <b>PO BOX 1746</b> <b>DUVALL, WA 98019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>BRACKETT, MAUREEN</b> <b>1410 191ST PL SE</b> <b>BOTHELL, WA 98012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>BREGANTE COMPANY LLP</b> <b>301 BATTERY STREET</b> <b>2 MEZZANINE</b> <b>SAN FRANCISCO, CA 94111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>BRENDA J STROTHER</b> <b>PO BOX 3498</b> <b>KENAI, AK 99611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,745.22</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>BRETT T LAICHAK</b> <b>770 LARS CIRCLE</b> <b>ANCHORAGE, AK 99518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>BRIAN LEE</b> <b>31250 W LEE DRIVE</b> <b>SUTTON, AK 99674</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.115	Nonpriority creditor's name and mailing address <b>BROOKS ALASKAN SEAFOOD</b> <b>P.O. BOX 220727</b> <b>ANCHORAGE, AK 99522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.116	Nonpriority creditor's name and mailing address <b>BROOKS, MICHAEL</b> <b>P.O. BOX 220727</b> <b>ANCHORAGE, AK 99522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.117	Nonpriority creditor's name and mailing address <b>BROWN'S ELECTRICAL SUPPLY CO</b> <b>1415 SPAR AVE.</b> <b>ANCHORAGE, AK 99501-1810</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.118	Nonpriority creditor's name and mailing address <b>BROWNLINES</b> <b>P.O. BOX 1708</b> <b>MT VERNON, WA 98272</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.119	Nonpriority creditor's name and mailing address <b>BRYON HAGGERN</b> <b>36373 RIVER POINT DR</b> <b>ASTORIA, OR 97103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.120	Nonpriority creditor's name and mailing address <b>BUCKNELL STEHLIK SATO &amp; STUBNE</b> <b>2003 WESTERN AVENUE SUITE 400</b> <b>SEATTLE, WA 98121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.121	Nonpriority creditor's name and mailing address <b>BUDDY J RENNER</b> <b>PO BOX 878</b> <b>KASILOF, AK 99610</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.122	Nonpriority creditor's name and mailing address <b>BUDDY'S GARAGE</b> <b>48714 WEST POPPY LANE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.123	Nonpriority creditor's name and mailing address <b>CA BOURGEOIS</b> <b>P.O. BOX 1945</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.124	Nonpriority creditor's name and mailing address <b>CALEB PRESTON</b> <b>P.O. BOX 3</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.125	Nonpriority creditor's name and mailing address <b>CALKINS &amp; BURKE LTD</b> <b>SUITE 800- 1500 W GEORGIA ST</b> <b>VANCOUVER, BC V6G 2Z6</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,000.00</b>
3.126	Nonpriority creditor's name and mailing address <b>CARL A TAURIANEN</b> <b>PO BOX 8004</b> <b>NIKISKI, AK 99635</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.127	Nonpriority creditor's name and mailing address <b>Carlile Transportation</b> <b>1800 E 1ST AVE</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,980.00</b>
3.128	Nonpriority creditor's name and mailing address <b>CARPENTER, ERIC</b> <b>5432 E. NORTHERN LIGHT</b> <b>ANCHORAGE, AK 99508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$594.60</b>

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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>CARQUEST AUTO PARTS</b> <b>PO BOX 404875</b> <b>ATLANTA, GA 30384-4875</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>CASCADE MACHINERY &amp; ELECTRIC</b> <b>PO BOX 34936 DEPT 1063</b> <b>SEATTLE, WA 98124-1936</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL PENINSULA REFRIGERATION</b> <b>212 E INTERNATIONAL AIRPORT RD</b> <b>ANCHORAGE, AK 99518-1594</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRAL PLUMBING &amp; HEATING INC</b> <b>212 E INTERNATIONAL AIRPORT RD</b> <b>ANCHORAGE, AK 99518-1594</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Century Link</b> <b>PO Box 91155</b> <b>SEATTLE, WA 98111-9255</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>CHARLES I BRADY</b> <b>367 W Arlington Ave</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>CHARLES SKEEK</b> <b>P.O. BOX 742</b> <b>PETERSBURG, AK 99833</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.136	Nonpriority creditor's name and mailing address <b>CHASE &amp; GARRETT DANNA</b> <b>PO BOX 7263</b> <b>NIKISKI, AK 99635</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.137	Nonpriority creditor's name and mailing address <b>CHERNISHOFF, ANTHONY</b> <b>P.O. BOX 1804</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,970.44</b>
3.138	Nonpriority creditor's name and mailing address <b>CHRISTOPHER PERRY</b> <b>PO BOX 1808</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.139	Nonpriority creditor's name and mailing address <b>CHRISTOPHER THOMAS</b> <b>1852 E 24TH AVE</b> <b>ANCHORAGE, AK 99508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.140	Nonpriority creditor's name and mailing address <b>CHUGACH ELECTRIC</b> <b>P.O. BOX 196300</b> <b>ANCHORAGE, AK 99519</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17.85</b>
3.141	Nonpriority creditor's name and mailing address <b>CITICAPITAL</b> <b>P.O. BOX 6229</b> <b>CAROL STREAM, IL 60197-6229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.142	Nonpriority creditor's name and mailing address <b>CITY OF HOMER</b> <b>491 E.PIONEER AVE.</b> <b>HOMER, AK 99603-7624</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>CLERK OF COURT</b> <b>825 W 4TH AVENUE</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>COMCAST</b> <b>P.O. BOX 34744</b> <b>SEATTLE, WA 98124-1744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>COMMODITY FORWARDERS INC.</b> <b>11101 S. LA CIENEGA BLVD</b> <b>LOS ANGELES, CA 90045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,085.64</b>
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>COMPSEE TRACKING SOLUTIONS</b> <b>DEPT. CH 17886</b> <b>PALATINE, IL 60055-7886</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>CONSTRUCTION MACHINERY INC.</b> <b>5400 HOMER DRIVE</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>COPPER RIVER FINE SEAFOODS</b> <b>LOCKBOX #631116</b> <b>P.O. BOX 94574</b> <b>SEATTLE, WA 98124-6874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,112.25</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>COPPER RIVER SEAFOODS, INC</b> <b>810 CHILDS AVE</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.150	Nonpriority creditor's name and mailing address <b>CORDOVA OUTBOARD, INC.</b> <b>P.O. BOX 960</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.151	Nonpriority creditor's name and mailing address <b>CPD ALASKA LLC</b> <b>201 ARCTIC SLOPE AVENUE</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$752.60</b>
3.152	Nonpriority creditor's name and mailing address <b>CRAIG A SCHLOESSER</b> <b>PO BOX 356</b> <b>ANCHOR POINT, AK 99556</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.153	Nonpriority creditor's name and mailing address <b>CRAIG NEWBURY</b> <b>1710 MARLEE DRIVE</b> <b>BURLINGTON, WA 98233</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.154	Nonpriority creditor's name and mailing address <b>CRESCENT ELECTRIC</b> <b>PO BOX 500</b> <b>EAST DUBUQUE, IL 61025-4418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.155	Nonpriority creditor's name and mailing address <b>CRONIN CO ANCHORAGE</b> <b>5230 NORTH BASIN</b> <b>PORTLAND, OR 97217</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.156	Nonpriority creditor's name and mailing address <b>CRYSTAL SPRINGS WATER COMPANY</b> <b>7100 42ND AVE S.</b> <b>SEATTLE, WA 98118-3515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.63</b>

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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>CUMMINS NORTHWEST INC.</b> <b>LOCKBOX 138324</b> <b>PO BOX 398324</b> <b>SAN FRANCISCO, CA 94139-8324</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.158	<b>Nonpriority creditor's name and mailing address</b> <b>CWM INDUSTRIES, INC.</b> <b>340 E. 76TH AVE.</b> <b>ANCHORAGE, AK 99518</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,485.00</b>
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3.159	<b>Nonpriority creditor's name and mailing address</b> <b>DACO</b> <b>8825 SOUTH 184TH ST</b> <b>KENT, WA 98031</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.160	<b>Nonpriority creditor's name and mailing address</b> <b>DAN BILDERBACK</b> <b>P.O. BOX 723</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.161	<b>Nonpriority creditor's name and mailing address</b> <b>DANGEROUS CAPE FISHERIES</b> <b>780 DAYBREEZE CT.</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Daniel DeMatteis</b> <b>37553 21st Ave. S.</b> <b>Federal Way, WA 98003</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Shareholder Loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,000.00</b>
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3.163	<b>Nonpriority creditor's name and mailing address</b> <b>DANIEL JORGENSEN</b> <b>204 N 162ND ST</b> <b>OMAHA, NE 98118</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.164	Nonpriority creditor's name and mailing address <b>DANNY CARPENTER</b> <b>P.O. BOX 1430</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.165	Nonpriority creditor's name and mailing address <b>DAREN TRAXINGER</b> <b>P.O. BOX 1822</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.166	Nonpriority creditor's name and mailing address <b>DAVID BLANCHARD</b> <b>P.O. BOX 904</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.167	Nonpriority creditor's name and mailing address <b>DAVID C SCHEER</b> <b>7683 DEAN DR</b> <b>WASILLA, AK 99654</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.168	Nonpriority creditor's name and mailing address <b>DAVID FLEMMING</b> <b>6948 FAIRWEATHER DR</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.169	Nonpriority creditor's name and mailing address <b>DAVID R MARTIN</b> <b>PO BOX 468</b> <b>CLAM GULCH, AK 99568</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,201.48</b>
3.170	Nonpriority creditor's name and mailing address <b>DAVID REUTOV</b> <b>31818 S ONA WAY</b> <b>MOLALLA, OR 97038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.171	Nonpriority creditor's name and mailing address <b>DAVIS WRIGHT TREMAINE LLP</b> <b>2600 CENTURY SQRAR</b> <b>1501 FOURTH AVENUE</b> <b>SEATTLE, WA 98101-1688</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.172	Nonpriority creditor's name and mailing address <b>DEAN H OSMAR</b> <b>PO BOX 32</b> <b>CLAM GULCH, AK 99568</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.173	Nonpriority creditor's name and mailing address <b>DEAN HILDE</b> <b>4601 E. WILDHORSE LANE</b> <b>BOISE, ID 83712</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,769.51</b>
3.174	Nonpriority creditor's name and mailing address <b>DEAN PUGH &amp; COMPANY</b> <b>7825 176th STREET SE</b> <b>SNOHOMISH, WA 98290</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.175	Nonpriority creditor's name and mailing address <b>DELUXE BUSINESS FORMS</b> <b>P.O. BOX 64500</b> <b>ST PAUL, MN 55164-0500</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.176	Nonpriority creditor's name and mailing address <b>DENNIS MAGNUSON</b> <b>P.O. BOX 1732</b> <b>SEWARD, AK 99693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.177	Nonpriority creditor's name and mailing address <b>DEOMID KUZMIN</b> <b>P.O. BOX 1542</b> <b>DELTA JUNCTION, AK 99737</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.178	Nonpriority creditor's name and mailing address <b>DEPARTMENT OF COMMERCE/NOAA NORTH PACIFIC FISHERIES RES P.O. BOX 93204 CHICAGO, IL 60673-3204</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.179	Nonpriority creditor's name and mailing address <b>DEPARTMENT OF LABOR &amp; INDUSTRY 600 STEWART ST SUITE 1100 SEATTLE, WA 98101</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.180	Nonpriority creditor's name and mailing address <b>DEPARTMENT OF NATURAL RESOURCES 550 W 7TH AVE 12TH FLOOR ANCHORAGE, AK 99501-3554</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.181	Nonpriority creditor's name and mailing address <b>DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.182	Nonpriority creditor's name and mailing address <b>DERRICK BRANSON P.O. BOX 3404 SEWARD, AK 99664</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.183	Nonpriority creditor's name and mailing address <b>DESPERATE MARINE LLC 2490 KACHEMAK DRIVE HOMER, AK</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.184	Nonpriority creditor's name and mailing address <b>DIANA SOSA, CPA 161 SAN BRUNO AVENUE BRISBANE, CA 94005</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,282.50</b>

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3.185	Nonpriority creditor's name and mailing address <b>Dillion &amp; Findley</b> <b>Attn: Molly Brown</b> <b>1049 W. 5th Ave. Suite 200</b> <b>Anchorage, AK 99501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>NOTICE ONLY</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.186	Nonpriority creditor's name and mailing address <b>DIRECTV</b> <b>P.O. BOX 60036</b> <b>LOS ANGELES, CA 90060-0036</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.187	Nonpriority creditor's name and mailing address <b>DOJER LTD</b> <b>P.O. BOX 669</b> <b>WHITTIER, AK 99693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.188	Nonpriority creditor's name and mailing address <b>DOUGLAS HEIMBUCH</b> <b>P.O. BOX 4502</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.189	Nonpriority creditor's name and mailing address <b>DOUGLAS KINER</b> <b>P.O. BOX 1925</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.190	Nonpriority creditor's name and mailing address <b>DOWLAND-BACH</b> <b>PO BOX 230126</b> <b>ANCHORAGE, AK 99523-0126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.191	Nonpriority creditor's name and mailing address <b>DUANE PIATT</b> <b>48215 LAKESIDE AVE</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>DUKOWITZ MACHINE, INC</b> <b>P O BOX 8274</b> <b>NIKISKI, AK 99635</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>DUSTY &amp; EVELYN VANMETER</b> <b>PO BOX 498</b> <b>KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>E&amp;E FOODS CORPORATION</b> <b>3922 6TH AVE SOUTH</b> <b>SEATTLE, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>ED VASILE</b> <b>1118 S. 99TH PL SUITE 98</b> <b>SEATTLE, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>EDY CARRILLO</b> <b>P.O. BOX 2681</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>ELAIN DINNOCENZO</b> <b>P.O. BOXD 806</b> <b>KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTRIC INT'L LLC</b> <b>5451 LAONA DRIVE</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,705.84</b>



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3.199	Nonpriority creditor's name and mailing address <b>ELIZABETH J CHASE PO BOX 39 KASILOF KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.200	Nonpriority creditor's name and mailing address <b>EMA, INC. 1225 E. INT'L AIRPORT ROAD STE 200 ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.201	Nonpriority creditor's name and mailing address <b>EMMA OWEKE W. 256376 SULLIVAN RD TREMPEALEAU, WI 54661</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.202	Nonpriority creditor's name and mailing address <b>EMMONAK CORPORATION PO BOX 49 EMMONAK, AK 99581</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.203	Nonpriority creditor's name and mailing address <b>ENGLUND MARINE 95 HAMBURG PO BOX 296 ASTORIA, OR 97103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.204	Nonpriority creditor's name and mailing address <b>ENSTAR NATURAL GAS COMPANY PO BOX 34760 SEATTLE, AK 98124-1760</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$461.85</b>
3.205	Nonpriority creditor's name and mailing address <b>ERIC CARPENTER 5432 E. Northern Light ANCHORAGE, AK 99508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$594.60</b>

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3.206	Nonpriority creditor's name and mailing address <b>ERIC NEWBURY</b> <b>P.O. BOX 136</b> <b>GIRDWOOD, WA 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.207	Nonpriority creditor's name and mailing address <b>Estate of Jack DeMatteis</b> <b>10229 Evening Primrose Ave.</b> <b>Las Vegas, NV 89135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Shareholder Loan.</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,847,050.00</b>
3.208	Nonpriority creditor's name and mailing address <b>ETHAN MEIER</b> <b>3913 RHODE HARBOR RD</b> <b>EDGEWATER, MD 21037</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.209	Nonpriority creditor's name and mailing address <b>EXECUTIVE SUITE HOTEL</b> <b>4360 SPENARD RD</b> <b>ANCHORAGE, AK 99517</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.210	Nonpriority creditor's name and mailing address <b>EXODUS LLC/FRED HANKINS</b> <b>68570 LANTZ LN</b> <b>COVE, OR 97824</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.211	Nonpriority creditor's name and mailing address <b>EZRA CAMPBELL</b> <b>P.O. BOX 1638</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.212	Nonpriority creditor's name and mailing address <b>FAIRCHILD FREIGHT LLC</b> <b>1838 W PARKSIDE LANE</b> <b>SUITE 210</b> <b>PHOENIX, AZ 85027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,200.00</b>

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3.213	Nonpriority creditor's name and mailing address <b>FAMILY SUPPORT REGISTRY P.O. BOX 2171 DENVER, CO 80201-2171</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.214	Nonpriority creditor's name and mailing address <b>FASTENERS &amp; FIRE EQUIPMENT CO. 123 EAST INTERNATIONAL AIRPORT RD ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.215	Nonpriority creditor's name and mailing address <b>FAVCO PO BOX 190968 ANCHORAGE, AK 99519-0968</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.216	Nonpriority creditor's name and mailing address <b>FEDEX P.O. BOX 94515 PALATINE, IL 60094-4515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$470.61</b>
3.217	Nonpriority creditor's name and mailing address <b>FERGUSON ENTERPRISES, INC. P.O. BOX 847411 DALLAS, TX 75284-7411</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.218	Nonpriority creditor's name and mailing address <b>FIBERLAY 24 S IDAHO STREET SEATTLE, WA 98134-1119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.219	Nonpriority creditor's name and mailing address <b>FIRE CONTROL SYSTEMS INC PO BOX 9 KENAI, AK 99611-0009</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.220	Nonpriority creditor's name and mailing address <b>FIREMAN'S FUND INSURANCE DALLAS CSC P.O. BOX 2519 DALLAS, TX 75221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.221	Nonpriority creditor's name and mailing address <b>FIRETECH, LLC PO BOX 772062 EAGLE RIVER, AK 99577-2062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.222	Nonpriority creditor's name and mailing address <b>FIRST MORTGAGE, INC 4141 B STREET SUITE 305 ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.223	Nonpriority creditor's name and mailing address <b>FIRST NATIONAL BANK 1751 GAMBLE ST SUITE 128 ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.224	Nonpriority creditor's name and mailing address <b>FIRST SECURITY LEASING CO. P.O. BOX 30710 SALT LAKE CITY, UT 84141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.225	Nonpriority creditor's name and mailing address <b>FISHHAWK FISHERIES INC PO BOX 715 #1 4TH ST ASTORIA, OR 97103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.226	Nonpriority creditor's name and mailing address <b>FLAT IRON CAPITOL 1700 LINCOLN STREET 12TH FL DENVER, CO 80203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,653.00</b>

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3.227	Nonpriority creditor's name and mailing address <b>FOCUS MANAGEMENT GROUP 5001 WEST LEMON STREET TAMPA, FL 33609</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.228	Nonpriority creditor's name and mailing address <b>FOMA EFIMOV PO BOX 2296 HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.229	Nonpriority creditor's name and mailing address <b>FOREST JENKINS W25126 SULLIVAN RD TREMPEALEAU, WI 54661</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.230	Nonpriority creditor's name and mailing address <b>FRANCIS MULLEN PO BOX 2577 HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.231	Nonpriority creditor's name and mailing address <b>FRANK D NEWTON 260 JULIUSSEN ST KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.232	Nonpriority creditor's name and mailing address <b>FRED MATVEEV 8440 RYOALES PL ANCHORAGE, AK 99504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$253.52</b>
3.233	Nonpriority creditor's name and mailing address <b>FRONTIER PACKAGING 1201 ANDOVER PARK EAST SUITE 101 TUKWILLA, WA 98188</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,202.52</b>

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3.234	<b>Nonpriority creditor's name and mailing address</b> <b>FRONTIER PAPER</b> <b>P.O. BOX 84145</b> <b>SEATTLE, WA 98124-5445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,286.42</b>
3.235	<b>Nonpriority creditor's name and mailing address</b> <b>FULLER BOATYARD, INC.</b> <b>817 E. MARINE WAY</b> <b>KODIAK, AK 99615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.236	<b>Nonpriority creditor's name and mailing address</b> <b>G &amp; H CONSTRUCTION</b> <b>50465 PATRICK DRIVE</b> <b>KENAI, AK 99611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.237	<b>Nonpriority creditor's name and mailing address</b> <b>G.C.I.</b> <b>2550 DENALI ST. SUITE 1000</b> <b>ANCHORAGE, AK 99509</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.21</b>
3.238	<b>Nonpriority creditor's name and mailing address</b> <b>GARNES INDUSTRIAL PROD.</b> <b>6317 NIELSEN WAY</b> <b>ANCHORAGE, AK 99518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.239	<b>Nonpriority creditor's name and mailing address</b> <b>GARY SPRUILL</b> <b>PO BOX 161</b> <b>KASILOF, AK 99610</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.240	<b>Nonpriority creditor's name and mailing address</b> <b>GARY WHITE</b> <b>11534 GREEN CT</b> <b>CONIFER, CO 80433</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.241	<b>Nonpriority creditor's name and mailing address</b> <b>GARY'S TRUCK SALES</b> <b>1537 E DOWLING ROAD</b> <b>ANCHORAGE, AK 99507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,300.00</b>
3.242	<b>Nonpriority creditor's name and mailing address</b> <b>GCR TIRE SERVICE</b> <b>PO BOX 910530</b> <b>DENVER, CO 80291-0583</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.243	<b>Nonpriority creditor's name and mailing address</b> <b>GEA REFRIGERATION NORTH</b> <b>PO BOX 13383</b> <b>NEWARK, NJ 07101-3383</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.244	<b>Nonpriority creditor's name and mailing address</b> <b>GENE SHADLE</b> <b>P O BOX 2748</b> <b>KENAI 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.245	<b>Nonpriority creditor's name and mailing address</b> <b>GENERAL INTERNATIONAL</b> <b>600 UNIVERSITY ST</b> <b>SEATTLE, WA 98101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,588.00</b>
3.246	<b>Nonpriority creditor's name and mailing address</b> <b>GEOFF GROSS</b> <b>P.O. BOX 517</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.247	<b>Nonpriority creditor's name and mailing address</b> <b>GEORGIA PACIFIC</b> <b>P.O. BOX 730448</b> <b>Dallas, TX 75373-0448</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.248	Nonpriority creditor's name and mailing address <b>GERALD T BYRNE</b> <b>131 SIERRA HEIGHTS</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.249	Nonpriority creditor's name and mailing address <b>GILBERT A OLSEN</b> <b>3617 HENDERSON LOOP</b> <b>ANCHORAGE, AK 99507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.250	Nonpriority creditor's name and mailing address <b>GLACIER ELECTRIC CONSTRUCTION</b> <b>PO BOX 2065</b> <b>SOLDOTNA, AK</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.251	Nonpriority creditor's name and mailing address <b>GLACIER PACKAGING INC.</b> <b>DEPT #1029</b> <b>P.O. BOX 94936</b> <b>SEATTLE, WA 98124-1936</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.252	Nonpriority creditor's name and mailing address <b>GRAINGER</b> <b>DEPT 821998762</b> <b>PO BOX 419267</b> <b>KANSAS CITY, MO 64141-6267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,519.19</b>
3.253	Nonpriority creditor's name and mailing address <b>GRAINGER, STANLEY</b> <b>P.O. BOX 1387</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128.61</b>
3.254	Nonpriority creditor's name and mailing address <b>GREATER WHITTIER CHAMBER</b> <b>PO BOX 607</b> <b>WHITTIER, AK</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$165.00</b>



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3.255	<b>Nonpriority creditor's name and mailing address</b> <b>GREG PETTINGILL</b> <b>P.O. BOX 916</b> <b>CORODOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.256	<b>Nonpriority creditor's name and mailing address</b> <b>GREG RANKIN</b> <b>P.O. BOX 985</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.257	<b>Nonpriority creditor's name and mailing address</b> <b>GREGORY R PERKINS</b> <b>317 SHELKOF ST</b> <b>KODIAK, AK 99615</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.258	<b>Nonpriority creditor's name and mailing address</b> <b>GRIGORY KASACHEV</b> <b>P.O. BOX 874232</b> <b>WASILLA, AK 99687</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.259	<b>Nonpriority creditor's name and mailing address</b> <b>GUARDIAN SECURITY SYSTEMS</b> <b>2600 SEWARD HIGHWAY</b> <b>ANCHORAGE, AK 99503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$220.00</b>
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3.260	<b>Nonpriority creditor's name and mailing address</b> <b>HARBOR HYDRAULICS</b> <b>523 RAILROAD AVE</b> <b>P.O. BOX 631</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.261	<b>Nonpriority creditor's name and mailing address</b> <b>HAYDEN ELECTRIC MOTORS, INC.</b> <b>4191 OLD SEWARD HWY</b> <b>ANCHORAGE, AK 99503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.262	Nonpriority creditor's name and mailing address <b>HAYSMER, PAUL</b> <b>PO BOX 782125</b> <b>SEBASTIAN, FL 32978</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.263	Nonpriority creditor's name and mailing address <b>HD FISH PUMPS</b> <b>32204 46TH PL S</b> <b>AUBURN, WA 98001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.264	Nonpriority creditor's name and mailing address <b>HERNANDEZ ENTERPRISES</b> <b>1505 CONTRARY COURT</b> <b>ANCHORAGE, AK 99515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,750.00</b>
3.265	Nonpriority creditor's name and mailing address <b>HERSCHLEB, KENT</b> <b>P.O. BOX 1661</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,286.65</b>
3.266	Nonpriority creditor's name and mailing address <b>HOLMES WEDDLE &amp; BARCOTT</b> <b>701 WEST 8TH AVENUE</b> <b>SUITE 700</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.267	Nonpriority creditor's name and mailing address <b>HOME DEPOT CREDIT SERVICES</b> <b>DEPT-32-2139334357</b> <b>P.O. BOX 183175</b> <b>COLUMBUS, OH 43218-3175</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,855.66</b>
3.268	Nonpriority creditor's name and mailing address <b>HOMER ELECTRIC ASSOCIATION, INC</b> <b>280 AIRPORT WAY</b> <b>ATTN: MELINDA MILLER</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81.08</b>

3.269	<b>Nonpriority creditor's name and mailing address</b> <b>HUNNEX AND SHOEMAKER, INC.</b> <b>701 FIFTH AVENUE</b> <b>SUITE 7310</b> <b>SEATTLE, WA 98104</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.270	<b>Nonpriority creditor's name and mailing address</b> <b>IKON OFFICE SOLUTIONS</b> <b>3075-112TH AVE NE SUITE 200</b> <b>PO BOX 96046</b> <b>BELLEVUE, WA 98004</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.271	<b>Nonpriority creditor's name and mailing address</b> <b>INDEPENDENT LIFT TRUCK</b> <b>1200 E. 70TH AVE</b> <b>ANCHORAGE, AK 99518</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,078.60</b>
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3.272	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL BOIL &amp; CONTROLS</b> <b>106 E DOWLING ROAD STE B</b> <b>PO BOX 91418</b> <b>ANCHORAGE, AK 99509-1418</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.273	<b>Nonpriority creditor's name and mailing address</b> <b>INDUSTRIAL COATINGS &amp; SEALANTS</b> <b>12521 EVERGREEN DR., #8</b> <b>MUKILTEO, WA 98275</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.274	<b>Nonpriority creditor's name and mailing address</b> <b>INFOSAT COMMUNICATIONS</b> <b>P O BOX 2268</b> <b>BLAINE, WA 98231-2268</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.275	<b>Nonpriority creditor's name and mailing address</b> <b>INLET FISH PRODUCERS, INC.</b> <b>PO BOX 114</b> <b>KENAI, AK 99611</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.276	Nonpriority creditor's name and mailing address <b>INLET PETROLEUM COMPANY PO BOX 94356 SEATTLE, WA 98124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,081.95</b>
3.277	Nonpriority creditor's name and mailing address <b>INTEGRATED MARINE SYSTEMS, INC 4816 15TH AVE NW SEATTLE, WA 98107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,728.50</b>
3.278	Nonpriority creditor's name and mailing address <b>INTERNATIONAL MARINE 221 THIRD ST 1ST FLOOR NEWPORT, RI 02840</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,214.11</b>
3.279	Nonpriority creditor's name and mailing address <b>INTERNATIONAL MOVING &amp; STORAGE 5430 B. ST. SUITE A ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.280	Nonpriority creditor's name and mailing address <b>INTERNET COMMERCE &amp; COMM. DEOT 9105 DENVER, CO 80271-9105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.281	Nonpriority creditor's name and mailing address <b>INTERSTATE DISTRIBUTION CENTER PO BOX 1925 CULVER CITY, CA 90232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.282	Nonpriority creditor's name and mailing address <b>INTRAFISH MEDIA 701 DEXTER AVE N STE 410 SEATTLE, WA 98109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$772.67</b>

Name

3.283	<b>Nonpriority creditor's name and mailing address</b> <b>IONA SEREBREKOFF</b> <b>PO BOX 1283</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.284	<b>Nonpriority creditor's name and mailing address</b> <b>IVAN K REUTOV</b> <b>PO BOX 2366</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.285	<b>Nonpriority creditor's name and mailing address</b> <b>JACKSON ENTERPRISES, INC.</b> <b>P.O. BOX 2091</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.286	<b>Nonpriority creditor's name and mailing address</b> <b>JAKE ROSAUER</b> <b>P.O. BOX 78</b> <b>GIRDWOOD, AK 99587</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.10</b>
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3.287	<b>Nonpriority creditor's name and mailing address</b> <b>JAKE WISE</b> <b>1930 EAST END RD #B</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,521.41</b>
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3.288	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES MERRIT</b> <b>3150 AMIGO DRIVE</b> <b>LAKE HAVASU, AK 86404</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.289	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES MURPHY</b> <b>P.O. BOX 885</b> <b>GIRDWOOD, AK 99587</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.290	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES S WHEELER</b> <b>PO BOX 305</b> <b>CLAM GULCH, AK 99568</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.291	<b>Nonpriority creditor's name and mailing address</b> <b>JARON MURPHY</b> <b>3201 WOODRUFF LP</b> <b>WASILLA, AK 99654</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.292	<b>Nonpriority creditor's name and mailing address</b> <b>JASON METZ</b> <b>37104 TINY RD</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.293	<b>Nonpriority creditor's name and mailing address</b> <b>JAY SCHMELZENBACH</b> <b>37030 CONNER RD</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.294	<b>Nonpriority creditor's name and mailing address</b> <b>JEFF S HODDER</b> <b>PO BOX 448</b> <b>STERLING, AK 99672</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.295	<b>Nonpriority creditor's name and mailing address</b> <b>JEFFREY M WIDMAN</b> <b>3431 CHERRY ST</b> <b>ANCHORAGE, AK 99504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.296	<b>Nonpriority creditor's name and mailing address</b> <b>JENS FJORTOFT</b> <b>P.O. BOX 2051</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.297 Nonpriority creditor's name and mailing address **JERRY ROGERSS, JR**  
**PO BOX 8353**  
**NIKISKI, AK 99635**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.298 Nonpriority creditor's name and mailing address **JIM WILLIAMSON**  
**255 ASPEN DR**  
**SOLDOTNA, AK 00099-6699**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.299 Nonpriority creditor's name and mailing address **JIM'S EQUIPMENT REPAIR, LLC**  
**1153 EAST 74TH AVE**  
**ANCHORAGE, AK 99518**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.300 Nonpriority creditor's name and mailing address **JOE REUTOV**  
**589 W LN**  
**MOLALLA, OR 97038**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.301 Nonpriority creditor's name and mailing address **JOE SHEN**  
**PO BOX 750**  
**WHITTIER, AK 99693**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.302 Nonpriority creditor's name and mailing address **JOEL LATHBURY**  
**6006 ADAGION LN**  
**APOLLO BEACH, FL 33572**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.303 Nonpriority creditor's name and mailing address **JOHN C FORD**  
**6229 LAKE ALBANA AVE**  
**SAN DIEGO, CA 92119**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.304	Nonpriority creditor's name and mailing address <b>JOHN HERSCHLEB</b> <b>P.O. BOX 447</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.305	Nonpriority creditor's name and mailing address <b>JOHN P ROSS</b> <b>PO BOX 86</b> <b>SELDOVIA, AK 99663</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.306	Nonpriority creditor's name and mailing address <b>JOHNSTONE SUPPLY</b> <b>7500 OLD SEWARD HWY</b> <b>SUITE A</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.307	Nonpriority creditor's name and mailing address <b>JOSE IVAN CEBALLOS</b> <b>P.O. BOX 2606</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.308	Nonpriority creditor's name and mailing address <b>JOSEPH DRAGSETH</b> <b>PO BOX 408</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.309	Nonpriority creditor's name and mailing address <b>JOSEPH FLEMING JR</b> <b>P.O. BOX 231746</b> <b>ANCHORAGE, AK 99523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.310	Nonpriority creditor's name and mailing address <b>JOSEPH FLEMMING SR</b> <b>P.O. BOX 231746</b> <b>ANCHORAGE, AK 99523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Name

3.311	<b>Nonpriority creditor's name and mailing address</b> <b>JOSEPH MALATESTA</b> <b>PO BOX 2228</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.312	<b>Nonpriority creditor's name and mailing address</b> <b>JOSHUA GRUMBLIS</b> <b>1832 BELLEVUE LOOP</b> <b>ANCHORAGE, AK 99515</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.313	<b>Nonpriority creditor's name and mailing address</b> <b>JOSHUA JENSEN</b> <b>P.O. BOX 872084</b> <b>WASILLA, AK 99687</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.314	<b>Nonpriority creditor's name and mailing address</b> <b>JOSHUA NEWTON</b> <b>PO BOX 877309</b> <b>WASILLA, AK 99687</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.315	<b>Nonpriority creditor's name and mailing address</b> <b>KABAN BACKLUND</b> <b>48178 SEWARD HWY</b> <b>MOOSE PAST, AK 99631</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.316	<b>Nonpriority creditor's name and mailing address</b> <b>KACHEMAK ELECTRIC CO. INC</b> <b>PO BOX 373</b> <b>KENAI, AK 99611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.317	<b>Nonpriority creditor's name and mailing address</b> <b>KACHEMAK GEAR SHED</b> <b>3625 east end RD</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.318	<b>Nonpriority creditor's name and mailing address</b> <b>KALGIN MECHANICAL LLC</b> <b>PO BOX 1512</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.319	<b>Nonpriority creditor's name and mailing address</b> <b>KALLISTRAT KUZMIN</b> <b>P.O. BOX 869</b> <b>DELTA JUNCTION, AK 99737</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.320	<b>Nonpriority creditor's name and mailing address</b> <b>KARIN L HERMANSEN</b> <b>8941 GOLOVIN ST</b> <b>ANCHORAGE, AK 99507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.321	<b>Nonpriority creditor's name and mailing address</b> <b>KARL B. BACKLUND</b> <b>48178 SEWARD HWY</b> <b>MOOSE PAST, AK 99631</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.322	<b>Nonpriority creditor's name and mailing address</b> <b>KARL FISHING</b> <b>48178 SEWARD HWY</b> <b>MOOSE PAST, AK 99631</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.323	<b>Nonpriority creditor's name and mailing address</b> <b>KEITH FINDLEY</b> <b>805 NW BUCKEYE AVE</b> <b>EARLHAM, IA 50072</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.324	<b>Nonpriority creditor's name and mailing address</b> <b>KELSEY OPSTAD</b> <b>3500 TAIGA DRIVE</b> <b>ANCHORAGE, AK 99513</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.325	Nonpriority creditor's name and mailing address <b>KEN MANNING</b> <b>6325 WOODHILL DR</b> <b>GIG HARBOR, WA 98332</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.326	Nonpriority creditor's name and mailing address <b>KENAI DIESEL AND MARINE</b> <b>35403 K B DRIVE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.327	Nonpriority creditor's name and mailing address <b>KENAI LANDING INC</b> <b>4786 HOMER SPIT ROAD</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,160.77</b>
3.328	Nonpriority creditor's name and mailing address <b>KENAI NEON SIGN CO</b> <b>50550 KENAI SPUR HWY</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.329	Nonpriority creditor's name and mailing address <b>KENAI PENINSULA BOROUGH</b> <b>144 NORTH BINKLEY</b> <b>SOLDOTNA, AK 99669-7520</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.330	Nonpriority creditor's name and mailing address <b>KENAI PENINSULA FISHERMAN'S ASSOC</b> <b>43961 KALIFORNISKY BEACH RD</b> <b>SFUI TE F</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.331	Nonpriority creditor's name and mailing address <b>KENAI RIVER PIZZA, INC</b> <b>10544 KENAI SPUR HWY</b> <b>SUITE C</b> <b>KENAI 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.332	Nonpriority creditor's name and mailing address <b>KENAI WELDING</b> <b>703 CHILDS ST</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.333	Nonpriority creditor's name and mailing address <b>KENNETH PARKER</b> <b>9577 WEST 5 MILE RD</b> <b>BRANCH, MI 49402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,536.73</b>
3.334	Nonpriority creditor's name and mailing address <b>KENNETH RUNDLE</b> <b>9299 CLAY BROOK RD</b> <b>SEDRO WOOLLEY, WA 98284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.335	Nonpriority creditor's name and mailing address <b>KENNETH WIRKKALA</b> <b>P.O. BOX 795</b> <b>IIWACO, WA 98624</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.336	Nonpriority creditor's name and mailing address <b>KENT HERSCHLEB</b> <b>P.O. BOX 1661</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,286.65</b>
3.337	Nonpriority creditor's name and mailing address <b>KENT WAREHOUSE &amp; LABELING, INC.</b> <b>22615 64TH AVE SOUTH</b> <b>KENT, WA 98032</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.338	Nonpriority creditor's name and mailing address <b>Keril Reutov</b> <b>P.O. Box 529</b> <b>Homer, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$656.31</b>

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3.339	Nonpriority creditor's name and mailing address <b>KEVIN VESSEL</b> <b>P.O. BOX 669</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.340	Nonpriority creditor's name and mailing address <b>KIC CONSTRUCTION, LLC</b> <b>1500 W 33RD AVE</b> <b>STE 105</b> <b>ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.341	Nonpriority creditor's name and mailing address <b>KIM MARINE DOCUMENTATION, INC</b> <b>180 NICKERSON STREET SUITE 212</b> <b>SEATTLE, WA 98109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.342	Nonpriority creditor's name and mailing address <b>KIMBERLY MENSTER</b> <b>P.O. BOX 463</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.343	Nonpriority creditor's name and mailing address <b>KINEMATICS MARINE EQUIPMENT</b> <b>5625 48TH DRIVE NE UNIT B</b> <b>MARYSVILLE, WA 98270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.344	Nonpriority creditor's name and mailing address <b>KIRIL MATVEEV</b> <b>P.O. BOX 2139</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.345	Nonpriority creditor's name and mailing address <b>KOAL BACKLUND</b> <b>P.O. BOX 2944</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.346	Nonpriority creditor's name and mailing address <b>Kotzebue Electric Assoc. Inc</b> <b>245A 4th &amp; Lagoon St.</b> <b>P.O. Box 44</b> <b>Kotzebue, AK 99752</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.347	Nonpriority creditor's name and mailing address <b>KOTZEBUE SOUND FISHERIES ASSOC</b> <b>P.O. BOX 476</b> <b>KOTZEBUE, AK 99751</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.348	Nonpriority creditor's name and mailing address <b>KRIS ANDERSON</b> <b>P.O. BOX 1373</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.349	Nonpriority creditor's name and mailing address <b>KURTIS KRAMER</b> <b>P.O. BOX 1138</b> <b>GIRDWOOD, AK 99587</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.350	Nonpriority creditor's name and mailing address <b>KYLE KAIN</b> <b>P.O. BOX 1824</b> <b>SEWARD, AK 99664</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.351	Nonpriority creditor's name and mailing address <b>LAB SAFETY SUPPLY INC.</b> <b>401 S. WRIGHT ROAD</b> <b>P.O. BOX 5004</b> <b>JANESVILLE, WI 53547-4738</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.352	Nonpriority creditor's name and mailing address <b>LABOR MAX</b> <b>P.O. BOX 900</b> <b>PO BOX 900</b> <b>KEARNEY, MO 64060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$197,081.80</b>

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3.353	Nonpriority creditor's name and mailing address <b>LABOR READY</b> <b>PO BOX 3708</b> <b>SEATTLE, WA</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,253.99</b>
3.354	Nonpriority creditor's name and mailing address <b>LANCE E BARNETT</b> <b>PO Box 1267</b> <b>ASTORIA, AK 99556</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.355	Nonpriority creditor's name and mailing address <b>LARRY MARCH</b> <b>3307 BONIFACE PARKWAY #114</b> <b>ANCHORAGE, AK 99508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.356	Nonpriority creditor's name and mailing address <b>LAURA A HERMANSEN</b> <b>8941 GOLOVIN ST</b> <b>ANCHORAGE, AK 99507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.357	Nonpriority creditor's name and mailing address <b>LAZY OTTER CHARTERS, INC</b> <b>6754 WATERFALL DR</b> <b>EAGLE RIVER, AK 99577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.358	Nonpriority creditor's name and mailing address <b>LE DUC PACKAGING</b> <b>8825 South 184th St.</b> <b>Kent, WA 98031-1232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,274.83</b>
3.359	Nonpriority creditor's name and mailing address <b>LEE GOODMAN</b> <b>P.O. BOX 112931</b> <b>ANCHORAGE, AK 99511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.360	Nonpriority creditor's name and mailing address <b>LEO AMERICUS</b> <b>P.O. BOX 2112</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.361	Nonpriority creditor's name and mailing address <b>LEONID AFONIN</b> <b>P.O. BOX 87558</b> <b>WASILLA, AK 99687</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.362	Nonpriority creditor's name and mailing address <b>LEONTEY KUZMIN</b> <b>P.O. BOX 1542</b> <b>DELTA JUNCTION, AK 99737</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.363	Nonpriority creditor's name and mailing address <b>LewisGoetz</b> <b>PO BOX 644819</b> <b>PITTSBURGH, PA 15264-4819</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.364	Nonpriority creditor's name and mailing address <b>LFS CORDOVA</b> <b>851 COHO WAY</b> <b>BELLINGHAM, AK 98225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$621.29</b>
3.365	Nonpriority creditor's name and mailing address <b>LIBERTY MUTUAL INSURANCE</b> <b>P.O. BOX 7247-0109</b> <b>PHILADELPHIA, PA 19170-0109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.366	Nonpriority creditor's name and mailing address <b>LISA RAGLAND</b> <b>17100 KINGS WAY</b> <b>ANCHORAGE, AK 99516</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.367	Nonpriority creditor's name and mailing address <b>LOMAX, STEVEN</b> <b>317 SPOTSWOOD</b> <b>MOSCOW, ID 83843</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,329.27</b>
3.368	Nonpriority creditor's name and mailing address <b>LONG BUILDING TECHNOLOGIES</b> <b>PO BOX 5501</b> <b>DENVER, CO 80217-5501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.369	Nonpriority creditor's name and mailing address <b>LONGS MARINE SERVICES</b> <b>PO BOX 663</b> <b>WHITTIER, AK 99693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.370	Nonpriority creditor's name and mailing address <b>LOUIS TINER</b> <b>P.O. BOX 1223</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.371	Nonpriority creditor's name and mailing address <b>LYNDEN AIR CARGO</b> <b>P.O. BOX 34026</b> <b>SEATTLE, WA 98124-1026</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,693.95</b>
3.372	Nonpriority creditor's name and mailing address <b>LYNDEN AIR FREIGHT</b> <b>6441 S. AIRPARK PLACE</b> <b>ANCHORAGE, AK 99502-1809</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$123,325.24</b>
3.373	Nonpriority creditor's name and mailing address <b>M &amp; P TRUCKING</b> <b>P O BOX 2748</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>

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3.374	Nonpriority creditor's name and mailing address <b>MACHINATOR, LLC</b> <b>PO BOX 39596</b> <b>NINILCHIK, AK 99639</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>
3.375	Nonpriority creditor's name and mailing address <b>MAGNUSON, TRAVIS</b> <b>P.O. BOX 177</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,228.31</b>
3.376	Nonpriority creditor's name and mailing address <b>MAKSIM AFONIN</b> <b>7645 HIWAY 291</b> <b>FORD, WA 99013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.377	Nonpriority creditor's name and mailing address <b>MARC ZIMMERAN</b> <b>36225 MERE CIRCLE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.378	Nonpriority creditor's name and mailing address <b>MAREL SEATTLE INC.</b> <b>2001 WEST GARFIELD</b> <b>TERMINAL 91, BLDG A-1</b> <b>SEATTLE, WA 98119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.379	Nonpriority creditor's name and mailing address <b>MARINE SURVEYORS &amp; CONSULTANTS</b> <b>PO BOX 22123</b> <b>MILWAUKIE, OR 97269-2123</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.380	Nonpriority creditor's name and mailing address <b>MARITIME RECRUITERS</b> <b>P.O. BOX 260</b> <b>MERCER ISLAND, WA 98040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.381	Nonpriority creditor's name and mailing address <b>MARK FLANAGAN</b> <b>P.O. BOX 3673</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.382	Nonpriority creditor's name and mailing address <b>MARK KNIGHT</b> <b>12620 NEHER RIDGE DR</b> <b>ANCHORAGE, AK 99516</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.383	Nonpriority creditor's name and mailing address <b>MARK SANCHEZ</b> <b>305 S BEACH ST</b> <b>TOPPINISH, WA 98948</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.384	Nonpriority creditor's name and mailing address <b>MARK VAN</b> <b>P.O. BOX 854</b> <b>PO BOX 854</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,800.00</b>
3.385	Nonpriority creditor's name and mailing address <b>MARKIAN POLUSHKIN</b> <b>P.O. BOX 3693</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.386	Nonpriority creditor's name and mailing address <b>MARTIN, DAVID</b> <b>P.O. BOX 468</b> <b>CLAM GULCH, AK 99568</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,201.48</b>
3.387	Nonpriority creditor's name and mailing address <b>Mary DeMatteis</b> <b>10229 Evening Primrose Ave.</b> <b>Las Vegas, NV 89135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shareholder Loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150,000.00</b>

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3.388	Nonpriority creditor's name and mailing address <b>MATERIAL FLOW ALASKA PO BOX 550 DONALD, OR 97020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.389	Nonpriority creditor's name and mailing address <b>MATT LUKIN P.O. BOX 2039 HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.390	Nonpriority creditor's name and mailing address <b>MATT PANCRAZ P O BOX 5054 NIKOLAEVSK, AK 99556</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.391	Nonpriority creditor's name and mailing address <b>MATTHEW W HAGGREN 155 SKYLINE AVE ASTORIA, OR 97103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.392	Nonpriority creditor's name and mailing address <b>MATTRESS RANCH 35911 KENAI SPUR HWY SUITE #17 SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.393	Nonpriority creditor's name and mailing address <b>MATVEEV, FRED 8440 RYOALES PL. ANCHORAGE, AK 99504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$253.52</b>
3.394	Nonpriority creditor's name and mailing address <b>MAX HARVEY P.O. BOX 771026 EAGLE RIVER, AK 99577</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.395	<b>Nonpriority creditor's name and mailing address</b> <b>MAXIM F MARTUSHEV</b> <b>PO BOX 2336</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.396	<b>Nonpriority creditor's name and mailing address</b> <b>MCJUNKIN RED MAN</b> <b>35159 K DRIVE STE B</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.397	<b>Nonpriority creditor's name and mailing address</b> <b>MELISSA CRAIG</b> <b>13331 BADGER LANE</b> <b>ANCHORAGE, AK 99516</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.398	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Brooks</b> <b>P.O. Box 220727</b> <b>Anchorage, AK 99522</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
3.399	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL BROWN</b> <b>720 BURTON ST</b> <b>SHERIDAN, WY 82801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.400	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL KOMPKOFF</b> <b>P.O. BOX 212851</b> <b>ANCHORAGE, AK 99524</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.401	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL MCCARTHY</b> <b>P.O. BOX 1685</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.402	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL PIATKOFF</b> <b>111 5TH ST SOUTH</b> <b>ERSKINE, MN 56535</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.403	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL SPAETGENS</b> <b>56760 EAST END RD</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.404	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL TOWLE</b> <b>P.O. BOX 1875</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.405	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL WEGDAHL</b> <b>473 ELOCHOMAN VALLEY RD</b> <b>CATHLAMET, WA 98612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.406	<b>Nonpriority creditor's name and mailing address</b> <b>MIKE HAGGREN</b> <b>1 THIRD ST #105</b> <b>ASTORIA, OR 97103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.407	<b>Nonpriority creditor's name and mailing address</b> <b>MILLER, SCOTT</b> <b>6040 196TH AVE SW</b> <b>ROCHESTER, WA 98579</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.408	<b>Nonpriority creditor's name and mailing address</b> <b>MITHCELL NOWICKI</b> <b>P.O. BOX 2232</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Name

3.409	Nonpriority creditor's name and mailing address <b>MOORE &amp; MOORE SERVICES</b> <b>3900 STERLING HWY</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.410	Nonpriority creditor's name and mailing address <b>MORRIL &amp; TERRY MAHAN</b> <b>PO BOX 122</b> <b>KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.411	Nonpriority creditor's name and mailing address <b>MORRIS PRINTING COMPANY, INC.</b> <b>830 SECOND STREET</b> <b>SNOHOMISH, WA 98290</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.412	Nonpriority creditor's name and mailing address <b>MORRIS PUBLISHING GROUP</b> <b>PO BOX 1486</b> <b>AUGUSTA, GA 30903-1486</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.413	Nonpriority creditor's name and mailing address <b>MORRIS, DEIDRE M</b> <b>PO BOX 862</b> <b>SLANA, AK 99586</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.414	Nonpriority creditor's name and mailing address <b>MOTION INDUSTRIES</b> <b>FILE 57463</b> <b>LOS ANGELES, CA 90074-7463</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,359.51</b>
3.415	Nonpriority creditor's name and mailing address <b>MOVERS OF WASHINGTON</b> <b>P.O. BOX 93401</b> <b>ANCHORAGE, AK 99509-3401</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.416	Nonpriority creditor's name and mailing address <b>MOVERS, INC.</b> <b>P.O. BOX 91413</b> <b>ANCHORAGE, AK 99509-1413</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.417	Nonpriority creditor's name and mailing address <b>MSC ALASKA SALMON</b> <b>1900 WEST EMERSON PL #205</b> <b>SEATTLE, WA 98119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$615.00</b>
3.418	Nonpriority creditor's name and mailing address <b>MULTIFROST</b> <b>101 WEST FIR</b> <b>OTHELLO, WA 99344-1060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.419	Nonpriority creditor's name and mailing address <b>MUNICIPAL LIGHT &amp; POWER</b> <b>P.O. BOX 196094</b> <b>ANCHORAGE, AK 99519</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.420	Nonpriority creditor's name and mailing address <b>MUNICIPAL SERVICES BUREAU</b> <b>PO BOX 16755</b> <b>AUSTIN, TX 78761-6755</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.421	Nonpriority creditor's name and mailing address <b>NATHAN R. TUELLER</b> <b>MOONLIGHT MAID</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,560.43</b>
3.422	Nonpriority creditor's name and mailing address <b>NATIONWIDE FINANCIAL</b> <b>P.O. BOX 183046</b> <b>COLUMBUS, OH 43218-3046</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Name

3.423	<b>Nonpriority creditor's name and mailing address</b> <b>NC MACHINERY CO.</b> <b>PO BOX 58201</b> <b>TUKWILA, WA 98138-1201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.424	<b>Nonpriority creditor's name and mailing address</b> <b>NGB, INC.</b> <b>dba D &amp; B TRUCKING</b> <b>1905 E. LINCOLN AVE.</b> <b>TACOMA, WA 98421</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.425	<b>Nonpriority creditor's name and mailing address</b> <b>NICHOLAS NEBESKY</b> <b>BLVD #478</b> <b>ANCHORAGE, AK 99503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.426	<b>Nonpriority creditor's name and mailing address</b> <b>NIPPON EXPRESS USA, INC.</b> <b>18303 8TH AVE SOUTH</b> <b>SEATTLE, WA 98148</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.427	<b>Nonpriority creditor's name and mailing address</b> <b>NIST, JACOB</b> <b>409 14TH AVE</b> <b>MILTON, WA 98354</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.428	<b>Nonpriority creditor's name and mailing address</b> <b>NOMAR LLC</b> <b>104 EAST PIONEER AVE</b> <b>SUITE 1</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.429	<b>Nonpriority creditor's name and mailing address</b> <b>NOMURA TRADING CO LTD</b> <b>10940 NE 33RD PL SUITE 111</b> <b>BELLEVUE, WA 98004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Name

3.430 Nonpriority creditor's name and mailing address **NORTH ALASKA FISHERIES, INC.**  
**P.O. Box 92737**  
**ANCHORAGE, AK 99509**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.431 Nonpriority creditor's name and mailing address **NORTH PACIFIC PROCESSORS, INC.**  
**PO BOX 1040**  
**CORDOVA, AK 99574**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.432 Nonpriority creditor's name and mailing address **NORTH PACIFIC SEAFOODS**  
**P.O. BOX 31179**  
**SEATTLE, WA 98103**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.433 Nonpriority creditor's name and mailing address **NORTHERN AIR CARGO**  
**3900 W. INTL AIRPORT ROAD**  
**ANCHORAGE, AK 99502**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,624.13**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.434 Nonpriority creditor's name and mailing address **NORTHERN EXPLORER/EZRA**  
**P.O. BOX 2235**  
**SEWARD, AK 99664**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.435 Nonpriority creditor's name and mailing address **NORTHERN OFFICE SUPPLY**  
**P.O. BOX 233649**  
**ANCHORAGE, AK 99523-3649**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.436 Nonpriority creditor's name and mailing address **NORTHLAND SERVICES, INC.**  
**DEPT 85**  
**P.O. BOX 34935**  
**SEATTLE, WA 98124**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

Name

3.437	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST DISTRIBUTING COMPANY</b> <b>8401 BRAYTON DRIVE</b> <b>ANCHORAGE, AK 99507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.438	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST FISHERIES ASSOC.</b> <b>6523 CALIFORNIA AVE SW #314</b> <b>SEATTLE, WA 98136</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.439	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST FISHERIES ASSOC.</b> <b>2208 NW MARKET STREET</b> <b>SUITE 318</b> <b>SEATTLE, WA 98107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.440	<b>Nonpriority creditor's name and mailing address</b> <b>NORTHWEST GEL, INC.</b> <b>P.O. BOX 671530</b> <b>CHUGIAK, AK 99567</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.441	<b>Nonpriority creditor's name and mailing address</b> <b>NRC ALASKA LLC DBA EMERALD ALASKA</b> <b>PO BOX 740027</b> <b>LOS ANGELES, CA 90074-0027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,922.04</b>
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3.442	<b>Nonpriority creditor's name and mailing address</b> <b>NSF SEAFOOD</b> <b>DEPT. LOCKBOX #771380</b> <b>PO BOX 77000</b> <b>DETROIT, MI 48277-1380</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.443	<b>Nonpriority creditor's name and mailing address</b> <b>NUEZCA, CESAR &amp; JANETTE</b> <b>9421 DUNDEE CIRCLE</b> <b>#8</b> <b>ANCHORAGE, AK 99502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Name

3.444	<b>Nonpriority creditor's name and mailing address</b> <b>OCEAN BEAUTY SEAFOODS, INC.</b> <b>PO Box 70739</b> <b>SEATTLE, WA 98127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.445	<b>Nonpriority creditor's name and mailing address</b> <b>OCEAN SEAFOOD MARKETING CO.</b> <b>P.O. BOX 1187</b> <b>NOVATO, CA 94948-1187</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.446	<b>Nonpriority creditor's name and mailing address</b> <b>ODIE'S MARINE SERVICES</b> <b>5601 CAMELOT DRIVE #A-1</b> <b>ANCHORAGE, AK 99504</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.447	<b>Nonpriority creditor's name and mailing address</b> <b>OFFICE OF THE HARBORMASTER</b> <b>P.O. BOX 388</b> <b>BETHEL, AK 99559</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.448	<b>Nonpriority creditor's name and mailing address</b> <b>OIL &amp; GAS SUPPLY</b> <b>6160 TUTTLE PLACE, STE B</b> <b>ANCHORAGE, AK 99507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.449	<b>Nonpriority creditor's name and mailing address</b> <b>OLIN RINDAL</b> <b>2809 KLAMATH DR #2</b> <b>ANCHORAGE, AK 99517</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.450	<b>Nonpriority creditor's name and mailing address</b> <b>ON DEMAND TRUCKING</b> <b>P.O. BOX 2976</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$647.40</b>
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3.451	Nonpriority creditor's name and mailing address <b>ORCA BAY</b> <b>900 POWELL AVE SW</b> <b>RENTON, WA 98055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.452	Nonpriority creditor's name and mailing address <b>ORCA OIL CO. INC.</b> <b>P.O. BOX 910</b> <b>CORDOVA, WA 99574-0910</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.453	Nonpriority creditor's name and mailing address <b>ORCAS BUSINESS PARK</b> <b>P.O. BOX 81024</b> <b>SEATTLE, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.454	Nonpriority creditor's name and mailing address <b>ORTHODOX UNION</b> <b>11 BROADWAY</b> <b>NEW YORK, NY 10004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.455	Nonpriority creditor's name and mailing address <b>OTS WELDING</b> <b>35841 IRONS AVENUE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.456	Nonpriority creditor's name and mailing address <b>OTZ TELEPHONE COOPERATIVE, INC.</b> <b>PO BOX 324</b> <b>KOTZEBUE, AK 99752-0324</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.457	Nonpriority creditor's name and mailing address <b>OUTBOARD SERVICES</b> <b>2355 KACHEMAK DR SUITE 103</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.458	Nonpriority creditor's name and mailing address <b>OZONE INTERNATIONAL</b> <b>12685 MILLER RD NE</b> <b>SUITE 1300</b> <b>BAINBRIDGE ISLAND, WA 98110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.459	Nonpriority creditor's name and mailing address <b>PACIFIC ALASKA FORWARDERS, INC</b> <b>DEPT #4198</b> <b>P.O. BOX 34936</b> <b>SEATTLE, WA 98124-1936</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.460	Nonpriority creditor's name and mailing address <b>PACIFIC ALASKA FREIGHTWAYS</b> <b>PO BOX 24827</b> <b>SEATTLE, WA 98124-0827</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.461	Nonpriority creditor's name and mailing address <b>PACIFIC DETROIT DIESEL-ALLISON</b> <b>P.O. BOX 4000</b> <b>PORTLAND, OR 97208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.462	Nonpriority creditor's name and mailing address <b>PACIFIC HARVEST SEAFOOD</b> <b>6601-117TH AVE S.E.</b> <b>BELLEVUE, WA 98006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.463	Nonpriority creditor's name and mailing address <b>PACIFIC METAL CO.</b> <b>P.O. BOX 5000</b> <b>PORTLAND, OR 97208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.464	Nonpriority creditor's name and mailing address <b>PACIFIC POWER PRODUCTS</b> <b>P.O. BOX 640</b> <b>RIDGEFIELD, WA 98642-0640</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.465	Nonpriority creditor's name and mailing address <b>PACIFIC SEAFOOD CO PO BOX 842757 BOSTON, MA 02284-2757</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,410.00</b>
3.466	Nonpriority creditor's name and mailing address <b>PACIFIC STAR SEAFOODS, INC. P.O. BOX 190 KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.467	Nonpriority creditor's name and mailing address <b>PAPE' MATERIAL HANDLING PO BOX 5077 PORTLAND, OR 97208-5077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.468	Nonpriority creditor's name and mailing address <b>PARITY CORPORATION 11812 NORTH CREEK PARKWAY N. SUITE 204 BOTHELL, WA 98011-8202</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,640.00</b>
3.469	Nonpriority creditor's name and mailing address <b>PARKER WHALEY P.O. BOX 671008 CHUGIAK, AK 99567</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.470	Nonpriority creditor's name and mailing address <b>PATRICK FEND P.O. BOX 877197 WASILLA, AK 99687</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.471	Nonpriority creditor's name and mailing address <b>PAUL E ROTH PO BOX 3154 HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.472	Nonpriority creditor's name and mailing address <b>PAUL LACA</b> <b>P.O. BOX 523</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.473	Nonpriority creditor's name and mailing address <b>PAUL OWEKE</b> <b>W. 256376 SULLIVAN RD</b> <b>TREMPEALEAU, WI 54661</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.474	Nonpriority creditor's name and mailing address <b>PAUL R TOSTE</b> <b>PO BOX 299</b> <b>GRAYLAND, WA 98547</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.475	Nonpriority creditor's name and mailing address <b>PDX TRANSPORT</b> <b>PO BOX 143475</b> <b>ANCHORAGE, AK 99514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.476	Nonpriority creditor's name and mailing address <b>PENINSULA OVERHEAD DOORS</b> <b>41710 MILL AVE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.477	Nonpriority creditor's name and mailing address <b>PENINSULA PUMPING, INC.</b> <b>42115B KALIFORNSKY BEACH RD</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.478	Nonpriority creditor's name and mailing address <b>PENINSULA SANITATION</b> <b>P.O. BOX 1209</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



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3.479	<b>Nonpriority creditor's name and mailing address</b> <b>PETE GRANGER</b> <b>PO BOX 1387</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.480	<b>Nonpriority creditor's name and mailing address</b> <b>PETE JENKINS</b> <b>2400 TASHA DRIVE</b> <b>ANCHORAGE, AK 99502</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.481	<b>Nonpriority creditor's name and mailing address</b> <b>PETER BROCKERT</b> <b>P.O. BOX 2326</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.482	<b>Nonpriority creditor's name and mailing address</b> <b>PETER PAN SEAFOODS, INC.</b> <b>2200 SIXTH AVENUE</b> <b>SUITE 100</b> <b>SEATTLE, WA 98121</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.483	<b>Nonpriority creditor's name and mailing address</b> <b>PETRO BASARGIN</b> <b>P.O. BOX 2126</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.484	<b>Nonpriority creditor's name and mailing address</b> <b>PETRO MARINE SVCS</b> <b>43442 K-BEACH ROAD</b> <b>SOLDOTNA 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,783.25</b>
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3.485	<b>Nonpriority creditor's name and mailing address</b> <b>PHILLIP REUTOV</b> <b>20837 YUKON ST NE</b> <b>AURORA, OR 97002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.486	Nonpriority creditor's name and mailing address <b>PINNACLE LOGISTICS, INC. PO BOX 1808 EDMONDS, WA 98020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.487	Nonpriority creditor's name and mailing address <b>PIONEER DOOR INC. 6514 GREENWOOD STREET ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$602.65</b>
3.488	Nonpriority creditor's name and mailing address <b>PIONEER PETROLEUM MAINTENANCE PO BOX 200926 ANCHORAGE, AK 99520-0926</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.489	Nonpriority creditor's name and mailing address <b>PITNEY BOWES INC. PO BOX 371887 PITTSBURG, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$231.22</b>
3.490	Nonpriority creditor's name and mailing address <b>PLATON BASARGIN P.O. BOX 1494 HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.491	Nonpriority creditor's name and mailing address <b>PLUMBLINE PLUMBING &amp; HEATING PO BOX 114 418 FIRST ST. CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.492	Nonpriority creditor's name and mailing address <b>Polar Supply Company 300 E. 54th Avenue Anchorage, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.493	<b>Nonpriority creditor's name and mailing address</b> <b>POSTAGE BY PHONE</b> <b>PO BOX 7900071</b> <b>SAINT LOUIS, MO 63179-0071</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.494	<b>Nonpriority creditor's name and mailing address</b> <b>POTTER HALL INTERNATIONAL</b> <b>4875 COOL SPRINGS DRIVE</b> <b>RENO, NV 89509</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.495	<b>Nonpriority creditor's name and mailing address</b> <b>PRECISION COMPANY, INC.</b> <b>P.O. BOX 272851</b> <b>TAMPA, FL 33688-2851</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.496	<b>Nonpriority creditor's name and mailing address</b> <b>PREFERRED PLUMBING &amp; HEATING</b> <b>335 MAIN ST LOOP</b> <b>KENAI, AK</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.497	<b>Nonpriority creditor's name and mailing address</b> <b>PRL LOGISTICS, INC.</b> <b>421 WEST FIRST AVE</b> <b>STE 250</b> <b>ANCHORAGE, AK 99501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.498	<b>Nonpriority creditor's name and mailing address</b> <b>PROGRESSIVE BUSINESS</b> <b>P.O. BOX 3019</b> <b>MALVERN, PA 19355</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.499	<b>Nonpriority creditor's name and mailing address</b> <b>PUGET SOUND PIPE &amp; SUPPLY CO.</b> <b>2120 SPAR AVE</b> <b>ANCHORAGE, AK 99501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.500	<b>Nonpriority creditor's name and mailing address</b> <b>PWSAC</b> <b>P.O. BOX 1110</b> <b>CORDOVA, AK 99574-1110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.501	<b>Nonpriority creditor's name and mailing address</b> <b>QUALITY BUSINESS SYSTEMS</b> <b>P.O. BOX 398160</b> <b>SAN FRANCISCO, CA 94139-8160</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,218.31</b>
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3.502	<b>Nonpriority creditor's name and mailing address</b> <b>R.C.'S DOCK</b> <b>P.O. BOX 112714</b> <b>ANCHORAGE, AK 99511-2714</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.503	<b>Nonpriority creditor's name and mailing address</b> <b>R.L. COOK SALES &amp; SUPPLY CO.</b> <b>8814-14TH AVE SO.</b> <b>SEATTLE, WA 98108-4864</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.504	<b>Nonpriority creditor's name and mailing address</b> <b>RABANG, CISCO</b> <b>6605 63RD DR NE</b> <b>MARYSVILLE, WA 98270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.505	<b>Nonpriority creditor's name and mailing address</b> <b>RANDAL KOCHER</b> <b>370 PATRIC RD</b> <b>COBBLESKILL, NY 12043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.506	<b>Nonpriority creditor's name and mailing address</b> <b>RANDAL L VASKO</b> <b>21055 EARL CT</b> <b>KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.507	<b>Nonpriority creditor's name and mailing address</b> <b>RAVENSTAR PACIFIC SHIPPING</b> <b>3705 ARCTIC BLVD. #498</b> <b>ANCHORAGE, AK 99503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,545.00</b>
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3.508	<b>Nonpriority creditor's name and mailing address</b> <b>RAY J CORREIA</b> <b>PO BOX 456</b> <b>CLAM GULCH, AK 99568</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.509	<b>Nonpriority creditor's name and mailing address</b> <b>REDDEN MARINE SUPPLY</b> <b>1411 ROEDER AVENUE</b> <b>BELLINGHAM, WA 98225-2916</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.510	<b>Nonpriority creditor's name and mailing address</b> <b>REDDEN OF CORDOVA</b> <b>3625 EAST END RD</b> <b>HOMER, AK 99603-9426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.511	<b>Nonpriority creditor's name and mailing address</b> <b>REFRIGERATION SUPPLIES DIST.</b> <b>26021 ATLANTIC OCEAN DRIVE</b> <b>LAKE FOREST, CA 92630</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.512	<b>Nonpriority creditor's name and mailing address</b> <b>REGENCE BLUESHIELD</b> <b>P.O. BOX 35022</b> <b>SEATTLE, WA 98124-3500</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.513	<b>Nonpriority creditor's name and mailing address</b> <b>RELIABLE APPLIANCE</b> <b>1200 E 76TH SUITE 1204</b> <b>ANCHORAGE, AK 99518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.514	Nonpriority creditor's name and mailing address <b>RESPOND SYSTEMS</b> <b>9191 OLD SEWARD HWY #6</b> <b>PO BOX 220348</b> <b>ANCHORAGE, AK 99522-0348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.515	Nonpriority creditor's name and mailing address <b>REUTOV, KERIL</b> <b>P.O. BOX 529</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$656.31</b>
3.516	Nonpriority creditor's name and mailing address <b>RICHARD CASCIANO</b> <b>P.O. BOX 584</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.517	Nonpriority creditor's name and mailing address <b>Richard Wheeler</b> <b>P.O. Box 256</b> <b>Ardenvoir, WA 98811</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,389.77</b>
3.518	Nonpriority creditor's name and mailing address <b>RICHARD WISE</b> <b>1634 STERLING HWY</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.519	Nonpriority creditor's name and mailing address <b>RICKY R WIK</b> <b>1122 INLET WOODS DR</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.520	Nonpriority creditor's name and mailing address <b>RIGGS TOWING &amp; RECOVERY</b> <b>1648 POST ROAD</b> <b>ANCHORAGE, AK 99501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.521	Nonpriority creditor's name and mailing address <b>ROBBIN R LEVENHAGEN</b> <b>PO BOX 143</b> <b>KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.522	Nonpriority creditor's name and mailing address <b>ROBERT A CORREIA</b> <b>PO BOX 729</b> <b>KASILOF, AK 99610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.523	Nonpriority creditor's name and mailing address <b>ROBERT CORREIA</b> <b>P.O. BOX 456</b> <b>PLAN GULCH, AK 99568</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.524	Nonpriority creditor's name and mailing address <b>ROBERT HOOVER</b> <b>P.O. BOX 1039</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.525	Nonpriority creditor's name and mailing address <b>ROBERT J WOLFE</b> <b>PO BOX 1125</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.526	Nonpriority creditor's name and mailing address <b>ROBERT JOHNSON</b> <b>P.O. BOX 871621</b> <b>JAMIE D</b> <b>WASILA, AK 99687</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.527	Nonpriority creditor's name and mailing address <b>ROBERT MATISON</b> <b>P.O.BOX 815</b> <b>VERNON, AZ 85940</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Name

3.528	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT NELSON</b> <b>P.O. BOX 2682</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.529	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT SHERMAN</b> <b>P.O. BOX 522</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.530	<b>Nonpriority creditor's name and mailing address</b> <b>ROBERT SWITZER</b> <b>P.O. BOX 3093</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.531	<b>Nonpriority creditor's name and mailing address</b> <b>ROGERS MACHINERY COMPANY, INC.</b> <b>P.O. BOX 23279</b> <b>PORTLAND, OR 97281</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.532	<b>Nonpriority creditor's name and mailing address</b> <b>ROLAND P JONES</b> <b>250 PHILLIPS DR</b> <b>KENAI, AK 99611</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.533	<b>Nonpriority creditor's name and mailing address</b> <b>ROLYAN BUOYS</b> <b>W68N158 EVERGREEN BLVD</b> <b>CEDARBURG, WI 53012</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.534	<b>Nonpriority creditor's name and mailing address</b> <b>RON NOLAND</b> <b>2717 TURK DR</b> <b>TULALIP, WA 98271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.535	Nonpriority creditor's name and mailing address <b>RON THOMPSON</b> <b>143 WILD RODE LN</b> <b>TOLEDO, WA 98591</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.536	Nonpriority creditor's name and mailing address <b>RONI CAMRON</b> <b>51995 ARNESS RD</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.537	Nonpriority creditor's name and mailing address <b>ROSAUER, JAKE</b> <b>P.O. BOX 78</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.10</b>
3.538	Nonpriority creditor's name and mailing address <b>ROTO ROOTER</b> <b>PO BOX 112688</b> <b>ANCHORAGE, AK 99511-2688</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.539	Nonpriority creditor's name and mailing address <b>RUD KANZOW GMBH &amp; CO KG</b> <b>TRETTAUSTR 22</b> <b>HAMBURG, GERMANY 21107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.540	Nonpriority creditor's name and mailing address <b>RUSSELL SHAW</b> <b>P.O. BOX 226</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,604.73</b>
3.541	Nonpriority creditor's name and mailing address <b>RYAN BROUGHTON</b> <b>P.O. BOX 264</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.542	Nonpriority creditor's name and mailing address <b>RYAN MEGANACK</b> <b>PO BOX 5526</b> <b>PORT GRAHAM, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.543	Nonpriority creditor's name and mailing address <b>RYCO EQUIPMENT</b> <b>6810 220th SW</b> <b>MOUNTLAKE TERRACE, WA 98043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.544	Nonpriority creditor's name and mailing address <b>SAFETY &amp; SUPPLY CO.</b> <b>5510 EAST MARGINAL WAY SOUTH</b> <b>SEATTLE, WA 98134-2496</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.545	Nonpriority creditor's name and mailing address <b>SAFETY INC.</b> <b>3710 WOODLAND DR. STE 1500</b> <b>ANCHORAGE, AK 99517-2590</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.546	Nonpriority creditor's name and mailing address <b>SAI GLOBAL INC.</b> <b>PO BOX 311116</b> <b>LOCK BOX #T66072U</b> <b>DETROIT, MI 48231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,477.81</b>
3.547	Nonpriority creditor's name and mailing address <b>SAM COTTON</b> <b>PO BOX 6432</b> <b>HALIBUT COVE, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.548	Nonpriority creditor's name and mailing address <b>SARA PARKER</b> <b>P.O. BOX 1986</b> <b>CORODOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.549	Nonpriority creditor's name and mailing address <b>SAUERBREY, JON</b> <b>40291 BOULDER PARK LANE</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.550	Nonpriority creditor's name and mailing address <b>SAVE-U-LOTS</b> <b>P.O. BOX 1750</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.551	Nonpriority creditor's name and mailing address <b>SCOTT BOTTOMS</b> <b>189 E. NELSON AVE #225</b> <b>WASILLA, AK 99654</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.552	Nonpriority creditor's name and mailing address <b>SEA-SHORE ENTERPRISES/LOADSTAR</b> <b>2070 E BOGARD ROAD</b> <b>WASILLA, AK 99654-6536</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.553	Nonpriority creditor's name and mailing address <b>SEAFAX</b> <b>P.O. BOX 15340</b> <b>PORTLAND, ME 04103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.554	Nonpriority creditor's name and mailing address <b>SEAFIRST</b> <b>BANKCARD SERVICES</b> <b>P.O. BOX 84000</b> <b>SEATTLE, WA 98184-1100</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.555	Nonpriority creditor's name and mailing address <b>SEAFOODS PRODUCERS</b> <b>2875 ROLDER AVE</b> <b>BELLINGHAM, WA 98225</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.556	Nonpriority creditor's name and mailing address <b>SEAFRESH</b> <b>88 EAST HAMLIN STREET</b> <b>PO BOX C-5030</b> <b>SEATTLE, WA 98105-0030</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.557	Nonpriority creditor's name and mailing address <b>SEATTLE CHAMBER OF COMMERCE</b> <b>SUITE 2400</b> <b>1301 5TH AVENUE</b> <b>SEATTLE, WA 98101-2603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.558	Nonpriority creditor's name and mailing address <b>SEATTLE MARINE &amp; FISHING SUPPLY</b> <b>2121 WEST COMMODORE WAY</b> <b>SEATTLE, WA 98199</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.559	Nonpriority creditor's name and mailing address <b>SEATTLE-TACOMA BOX COMPANY</b> <b>23400 71ST PLACE SOUTH</b> <b>KENT, WA 98032-2994</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,438.02</b>
3.560	Nonpriority creditor's name and mailing address <b>SECAP FINANCE</b> <b>PO BOX 405371</b> <b>ATLANTA, GA 30384-5371</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$928.75</b>
3.561	Nonpriority creditor's name and mailing address <b>SETH M JORGENSEN</b> <b>7033 E JOANDE ARC AVE</b> <b>SCOTTSDALE, AZ 85254</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.562	Nonpriority creditor's name and mailing address <b>SEWARD BOAT HARBOR</b> <b>P.O. BOX 167</b> <b>SEWARD, AK 99664</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.563	Nonpriority creditor's name and mailing address <b>SEWARD FISHERIES</b> <b>P.O. BOX 8</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,450.60</b>
3.564	Nonpriority creditor's name and mailing address <b>SHARPE, JASON</b> <b>PO BOX 486</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.565	Nonpriority creditor's name and mailing address <b>SHAW, RUSSELL</b> <b>P.O. Box 226</b> <b>Cordova, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,604.73</b>
3.566	Nonpriority creditor's name and mailing address <b>SHAWN GILMAN</b> <b>P.O. BOX 2232</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.567	Nonpriority creditor's name and mailing address <b>SHERMAN SIGNS</b> <b>43420 KALIFORNSY BEACH RD #1</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.568	Nonpriority creditor's name and mailing address <b>SHORESIDE PETROLEUM INC.</b> <b>P.O. BOX 1189</b> <b>SEWARD, AK 99664-1189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$157,745.92</b>
3.569	Nonpriority creditor's name and mailing address <b>SIGNODE SERVICE BUSINESS</b> <b>P.O. BOX 71057</b> <b>CHICAGO, IL 60694</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.570	Nonpriority creditor's name and mailing address <b>SILVERST KUZMIN</b> <b>P.O. BOX 1046</b> <b>DELTA JUNCTION, AK 99737</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.571	Nonpriority creditor's name and mailing address <b>SIMPLY SIGNS</b> <b>205 IOWA ST, UNIT A</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.572	Nonpriority creditor's name and mailing address <b>SIX STATES DISTRIBUTORS</b> <b>44113 K-BEACH ROAD</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.573	Nonpriority creditor's name and mailing address <b>SKYLER IRVIN</b> <b>63 HEMNLOCK BRIDGE RD</b> <b>FRYEBURG, ME</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.574	Nonpriority creditor's name and mailing address <b>SMITH, TIMOTHY</b> <b>P.O. BOX 25</b> <b>Menlo, WA 98561</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,058.64</b>
3.575	Nonpriority creditor's name and mailing address <b>SOLID WASTE SERVICES</b> <b>P.O. BOX 196637</b> <b>ANCHORAGE, AK 99519-6637</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.576	Nonpriority creditor's name and mailing address <b>SOUTH CENTRAL RADAR</b> <b>4406 HOMER SPIT RD</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$354.75</b>

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3.577	Nonpriority creditor's name and mailing address <b>SOUTH CENTRAL RADAR 4406 HOMER SPIT RD HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.578	Nonpriority creditor's name and mailing address <b>SPENARD BUILDERS SUPPLY PO Box 99060 ANCHORAGE, AK 99509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.579	Nonpriority creditor's name and mailing address <b>STANLEY GRANGER III PO BOX 1387 SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128.61</b>
3.580	Nonpriority creditor's name and mailing address <b>STATE CENTRAL COLLECTION UNIT P.O. BOX 6219 INDIANAPOLIS, IN 46206-6219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.581	Nonpriority creditor's name and mailing address <b>STATE FISH COMPANY, INC. 2194 SIGNAL PLACE SAN PEDRO, CA 90731-7288</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.582	Nonpriority creditor's name and mailing address <b>STATE OF ALASKA PO BOX 111800 JUNEAU, AK 99811-1800</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.583	Nonpriority creditor's name and mailing address <b>STATE OF ALASKA AIRPORT ACCOUNTING SECTION P.O. BOX 196960 ANCHORAGE, AK 99519-6960</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.584	<b>Nonpriority creditor's name and mailing address</b> <b>STATE OF ALASKA</b> <b>DIVISION OF MOTOR VEHICLES</b> <b>2150 EAST DOWLING ROAD</b> <b>ANCHORAGE,, AK 99507-1997</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.585	<b>Nonpriority creditor's name and mailing address</b> <b>STATE OF ALASKA</b> <b>12050 INDUSTRY WAY</b> <b>ANCHORAGE, AK 99515</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.586	<b>Nonpriority creditor's name and mailing address</b> <b>State of Alaska</b> <b>Leasing Unit Manager</b> <b>550 W 7th Avenue, Ste 900c</b> <b>Anchorage, AK 99501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,200.00</b>
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3.587	<b>Nonpriority creditor's name and mailing address</b> <b>STATE OF WASHINGTON</b> <b>DEPARTMENT OF REVENUE</b> <b>P.O. BOX 34051</b> <b>SEATTLE, WA 98124-1051</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.588	<b>Nonpriority creditor's name and mailing address</b> <b>STEPHEN S WEBB</b> <b>PO BOX 1122</b> <b>KASILOF, AK 99610</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.589	<b>Nonpriority creditor's name and mailing address</b> <b>Steve Lomax</b> <b>317 Spotswood</b> <b>Moscow, ID 83843</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,329.27</b>
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3.590	<b>Nonpriority creditor's name and mailing address</b> <b>STEVE POTTER</b> <b>17995 MARIES CR 538</b> <b>ROLLA, MO 65401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.591	Nonpriority creditor's name and mailing address <b>Steve Walter</b> <b>P.O. Box 487</b> <b>Girdwood, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$496.63</b>
3.592	Nonpriority creditor's name and mailing address <b>STEVEN CLARK</b> <b>P O BOX 573</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.593	Nonpriority creditor's name and mailing address <b>STEVEN DOUMIT</b> <b>PO BOX 406</b> <b>CATHLAMET, WA 98612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.594	Nonpriority creditor's name and mailing address <b>STEVEN E CLARK</b> <b>PO BOX 573 KENAI</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.595	Nonpriority creditor's name and mailing address <b>STEWART TITLE COMPANY</b> <b>3330 ARCTIC BLVD.</b> <b>ANCHORAGE,, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.596	Nonpriority creditor's name and mailing address <b>STILES, ROGER</b> <b>11738 SW 250TH LANE</b> <b>VASHON, WA 98070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.597	Nonpriority creditor's name and mailing address <b>STORM CHASERS MARINE</b> <b>13552 LOWELL POINT RD</b> <b>PO BOX 757</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.598	Nonpriority creditor's name and mailing address <b>STROTHERS, BRENDA</b> <b>P.O. BOX 3498</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,745.22</b>
3.599	Nonpriority creditor's name and mailing address <b>STUERHK DELIKATESSEN</b> <b>ALTER KIRCHWEG 31</b> <b>TRETTAUSTRASSE 22 2709 MARNE</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.600	Nonpriority creditor's name and mailing address <b>STUSSER ELECTRIC</b> <b>P.O. BOX 2820</b> <b>ISSAQUAH, WA 98027-0129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.601	Nonpriority creditor's name and mailing address <b>SUBURBAN PROPANE</b> <b>PO BOX 12068</b> <b>FRESNO, CA 93776-2068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.602	Nonpriority creditor's name and mailing address <b>SUBURBAN PROPANE</b> <b>1200 E. WHITNEY RD</b> <b>ANCHORAGE, AK 99501-1634</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.603	Nonpriority creditor's name and mailing address <b>SUPERIOR ELECTRIC</b> <b>PO BOX 3426</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.604	Nonpriority creditor's name and mailing address <b>Suzanne DeMatteis</b> <b>7555 44th Ave SW</b> <b>Seattle, WA 98136</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shareholder Loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,000.00</b>

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3.605	Nonpriority creditor's name and mailing address <b>SYSCO FOOD SERVICES OF SEATTLE</b> <b>P.O. BOX 97054</b> <b>22820 54TH AVE SO.</b> <b>KENT, WA 98064-9754</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.606	Nonpriority creditor's name and mailing address <b>TATONDUK OUTFITTERS LIMITED</b> <b>P.O. BOX 61680</b> <b>FAIRBANKS, AK 99706</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,043.98</b>
3.607	Nonpriority creditor's name and mailing address <b>TAURIAINEN ENGINEERING &amp; TESTING, INC</b> <b>35186 KENAI SPUR HWY</b> <b>SOLDOTNA 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$460.04</b>
3.608	Nonpriority creditor's name and mailing address <b>TAYLOR EVENSON</b> <b>541 TOGIAK CL #B</b> <b>ANCHORAGE, AK 99503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.609	Nonpriority creditor's name and mailing address <b>TAYLOR FIRE SERVICE</b> <b>725 W WASAIR DR #1A</b> <b>WASILLA, AK 99654</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.610	Nonpriority creditor's name and mailing address <b>TELESYSTEMS WEST INC.</b> <b>11232 120TH AVE NE</b> <b>SUITE 111</b> <b>KIRKLAND, WA 98033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.611	Nonpriority creditor's name and mailing address <b>TERENTY ANDREEFF</b> <b>P.O. BOX 1373</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.612	Nonpriority creditor's name and mailing address <b>TERRACE ON THE LAKE 2421 BENTZEN CIRCLE ANCHORAGE, AK 99517</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.613	Nonpriority creditor's name and mailing address <b>TERRY BRAY P.O. BOX 1189 CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.614	Nonpriority creditor's name and mailing address <b>TERRY MERRIT P.O. BOX 938 CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.615	Nonpriority creditor's name and mailing address <b>THE FISH FACTORY 800 FISH DOCK ROAD HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$107,753.60</b>
3.616	Nonpriority creditor's name and mailing address <b>THE HOME DEPOT 10480 KENAI SPUR HWY KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.617	Nonpriority creditor's name and mailing address <b>THE MANIFEST GROUP 100 EAST SARATOGA MARSHALL, MN 56258-1714</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.618	Nonpriority creditor's name and mailing address <b>THE SAFETY TEAM 670 SOUTH LUCILE ST SEATTLE, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.619	Nonpriority creditor's name and mailing address <b>THOMAS BUCHANAN</b> <b>PO Box 925</b> <b>SEWARD, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.620	Nonpriority creditor's name and mailing address <b>THOMAS A DALRYMPLE</b> <b>PO BOX 1502</b> <b>SOLDOTNA, AK 99669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.621	Nonpriority creditor's name and mailing address <b>THOMAS ABERLE</b> <b>429 W 10TH ST</b> <b>JUNEAU, AK 99801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.622	Nonpriority creditor's name and mailing address <b>THOMAS G STROTHER</b> <b>PO BOX 2060</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.623	Nonpriority creditor's name and mailing address <b>THOMAS L YOUNG</b> <b>2601 N TAHITI LOOP</b> <b>ANCHORAGE, AK 99507</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.624	Nonpriority creditor's name and mailing address <b>THOMAS LOVE</b> <b>P.O. BOX 881</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.625	Nonpriority creditor's name and mailing address <b>THOMAS M BUCHANEN</b> <b>PO BOX 925</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.626	Nonpriority creditor's name and mailing address <b>THOMAS MISSEL</b> <b>P.O. BOX 637</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.627	Nonpriority creditor's name and mailing address <b>TIM CABANA</b> <b>P.O. BOX 201</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,406.86</b>
3.628	Nonpriority creditor's name and mailing address <b>TIM TOLAR</b> <b>1201 EQUINOX WAY</b> <b>KENAI, AK 99611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.629	Nonpriority creditor's name and mailing address <b>TIME FORCE</b> <b>9350 S 150 E</b> <b>STE 300</b> <b>SANDY, UT 84070-2702</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76.74</b>
3.630	Nonpriority creditor's name and mailing address <b>TIMOFEY REUTOV</b> <b>P.O. BOX 1804</b> <b>CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.631	Nonpriority creditor's name and mailing address <b>TIMOTHY E SEEKER</b> <b>1172 SR4</b> <b>NASELLE, WA 98638</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.632	Nonpriority creditor's name and mailing address <b>TIMOTHY SMITH</b> <b>P.O. BOX 25</b> <b>MENLO, WA 98561</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,058.64</b>

3.633 Nonpriority creditor's name and mailing address **TINDALL BENNETT & SHOUP, P.C.** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**508 W. SECOND AVE.**  
**THIRD FLOOR**  
**ANCHORAGE, AK 99501**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.634 Nonpriority creditor's name and mailing address **TK SERVICES, INC.** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**3321 W. 70TH**  
**ANCHORAGE, AK 99502**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.635 Nonpriority creditor's name and mailing address **TOMAS PSTROSS** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**P.O. BOX 2614**  
**CORDOVA, AK 99574**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.636 Nonpriority creditor's name and mailing address **TORUS** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**26567 NETWORK PLACE**  
**CHICAGO, IL 60673-1265**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.637 Nonpriority creditor's name and mailing address **TOTEM EQUIPMENT & SUPPLY, INC.** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**2536 COMMERCIAL DRIVE**  
**ANCHORAGE, AK 99501**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.638 Nonpriority creditor's name and mailing address **TOTEM OCEAN TRAILER EXPRESS,** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**P.O. BOX 4129**  
**FEDERAL WAY, WA 98063-4129**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.639 Nonpriority creditor's name and mailing address **TR TRUCKING** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**3400 INDUSTRY DR E**  
**FIFE, WA 98424**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.640	Nonpriority creditor's name and mailing address <b>TRAIL GYPSY, LLC</b> <b>1948 BRANDILYN</b> <b>ANCHORAGE, AK 99516</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,425.77</b>
3.641	Nonpriority creditor's name and mailing address <b>TRAILERCRAFT</b> <b>1301 EAST 64TH AVE</b> <b>ANCHORAGE, AK 99518</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,799.47</b>
3.642	Nonpriority creditor's name and mailing address <b>TRAVIS LEE</b> <b>65050 S VICTORY RD</b> <b>SUTTON, AK 99674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.643	Nonpriority creditor's name and mailing address <b>TRAVIS MAGNUSSON</b> <b>P.O. BOX 177</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,228.31</b>
3.644	Nonpriority creditor's name and mailing address <b>TRI CORE PLASTICS</b> <b>6520 SALISH DRIVE</b> <b>VANCOUVER B.C. V6N 2C7</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.645	Nonpriority creditor's name and mailing address <b>TUDOR AUTO &amp; TRUCK</b> <b>411 W TUDOR RD</b> <b>ANCHORAGE, AK 99503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.646	Nonpriority creditor's name and mailing address <b>Tuleer</b> <b>PO Box 913</b> <b>Girdwood, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>



Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.647	<b>Nonpriority creditor's name and mailing address</b> <b>TWO BEAR HOLDINGS LLC</b> <b>PO BOX 230636</b> <b>ANCHORAGE, AK 99523</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.648	<b>Nonpriority creditor's name and mailing address</b> <b>TYCO SIMPLEXGRINNELL</b> <b>DEPT CH 10320</b> <b>PALATINE, IL 60055-0320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.649	<b>Nonpriority creditor's name and mailing address</b> <b>TYRELL SEAVEY</b> <b>P.O. BOX 265</b> <b>SEWARD, AK 99664</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.650	<b>Nonpriority creditor's name and mailing address</b> <b>UDELHOVEN OILFIELD</b> <b>184 E 53RD AVENUE</b> <b>ANCHORAGE, AK 99518-1822</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,300.00</b>
3.651	<b>Nonpriority creditor's name and mailing address</b> <b>ULINE</b> <b>PO BOX 88741</b> <b>CHICAGO, IL 60680-1741</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.652	<b>Nonpriority creditor's name and mailing address</b> <b>UNIFIED OFFICE SERVICES</b> <b>5715 Chase Point Circle</b> <b>Colorado Springs, CO 80919</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.653	<b>Nonpriority creditor's name and mailing address</b> <b>UNIGARD SERVICE CORPORATION</b> <b>P.O. BOX 93001</b> <b>BELLEVUE, WA 98009-3001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Name

3.654	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED COOK INLET DRIFT ASSOC</b> <b>43961 K-BEACH RD</b> <b>SUITE E</b> <b>SOLDOTNA 99669</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.655	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED RENTALS NORTHWEST, INC.</b> <b>FILE 51122</b> <b>LOS ANGELES, CA 90074-1122</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.656	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED UTILITIES INC.</b> <b>PO BOX 92730</b> <b>ANCHORAGE, AK 99509-2730</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$289.34</b>
3.657	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVAR</b> <b>13009 COLLECTIONS CTR DR</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.658	<b>Nonpriority creditor's name and mailing address</b> <b>US BEARINGS &amp; DRIVES</b> <b>DIV. OF MOTION INDUSTRIES</b> <b>P.O. BOX 98412</b> <b>CHICAGO, IL 60693-8412</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.659	<b>Nonpriority creditor's name and mailing address</b> <b>US DEPARTMENT OF COMMERCE-NOAA</b> <b>PO BOX 979008</b> <b>ST LOUIS, MO 63197-9000</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.660	<b>Nonpriority creditor's name and mailing address</b> <b>VARIFALAMEI SNIGIREV</b> <b>P.O. BOX 2487</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.661	<b>Nonpriority creditor's name and mailing address</b> <b>VASILLI GORDEEV</b> <b>P.O. BOX 531</b> <b>ANCHOR PT, AK 99556</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.662	<b>Nonpriority creditor's name and mailing address</b> <b>VC999</b> <b>419 E. 11TH AVE</b> <b>KANSAS CITY, MO 64116</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.663	<b>Nonpriority creditor's name and mailing address</b> <b>VICTOR KUZMIN</b> <b>P.O. BOX 2495</b> <b>HOMER, AK 99603</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.664	<b>Nonpriority creditor's name and mailing address</b> <b>VIP PROPERTY MANAGEMENT, LLC</b> <b>43530 KALIFORNSKY BEACH RD</b> <b>SUITE 4</b> <b>SOLDOTNA, AK 99669</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.665	<b>Nonpriority creditor's name and mailing address</b> <b>VLADIMIR KUZMIN</b> <b>P.O. BOX 722</b> <b>DELTA JUNCTION, AK 99737</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.666	<b>Nonpriority creditor's name and mailing address</b> <b>VLASY KUTSEV</b> <b>P.O. BOX 1995</b> <b>CORDOVA, AK 99574</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.667	<b>Nonpriority creditor's name and mailing address</b> <b>VLASY SELEDKOV</b> <b>P.O. BOX 598</b> <b>MOLALA, OR 97038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.668	Nonpriority creditor's name and mailing address <b>WADE BUSCHER</b> <b>P.O. BOX 1032</b> <b>CORODOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.669	Nonpriority creditor's name and mailing address <b>WALTER BOVICH</b> <b>PO Box 1989</b> <b>HOMER, AK 99603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.670	Nonpriority creditor's name and mailing address <b>WALTER, STEVE</b> <b>P.O. BOX 487</b> <b>GIRDWOOD, AK 99587</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$496.63</b>
3.671	Nonpriority creditor's name and mailing address <b>WARREN BROWN</b> <b>P.O. BOX 77</b> <b>SELDOVIA, AK 99663</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.672	Nonpriority creditor's name and mailing address <b>WASHINGTON ALLIANCE</b> <b>FOR HEALTHCARE INSURANCETRUST</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.673	Nonpriority creditor's name and mailing address <b>WASHINGTON BELT &amp; DRIVE SYSTEM</b> <b>P.O. BOX 94162</b> <b>SEATTLE, WA 98124-6462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.674	Nonpriority creditor's name and mailing address <b>WASHINGTON DENTAL SERVICE</b> <b>P.O. BOX 75983</b> <b>SEATTLE, WA 98125-0983</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.675	Nonpriority creditor's name and mailing address <b>WASHINGTON LIFTRUCK, INC. 700 SOUTH CHICAGO SEATTLE, WA 98108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,114.35</b>
3.676	Nonpriority creditor's name and mailing address <b>WASHINGTON STATE SUPPORT REG PO BOX 45868 OLYMPIA, WA 98504-5868</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.677	Nonpriority creditor's name and mailing address <b>WAXIE SANITARY SUPPLY P.O. BOX 60227 LOS ANGELES, CA 90060-0227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$247.55</b>
3.678	Nonpriority creditor's name and mailing address <b>WCP/FRONTIER PAPER PO BOX 84145 SEATTLE, WA 98124-5445</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.679	Nonpriority creditor's name and mailing address <b>WEBB'S TOWING 400 E. 95TH COURT ANCHORAGE, AK 99515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.680	Nonpriority creditor's name and mailing address <b>WELLS FARGO INSURANCE SERVICES 601 Union Street Suite 1300 SEATTLE, WA 98133</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.681	Nonpriority creditor's name and mailing address <b>WESLEY WOODS P.O. BOX 463 CORDOVA, AK 99574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

3.682 Nonpriority creditor's name and mailing address **WESMAR COMPANY, INC.**  
**333 NE 89TH**  
**SEATTLE, WA 98115**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.683 Nonpriority creditor's name and mailing address **WESTERN SHEET METAL, INC.**  
**2604 SEWARD HIGHWAY**  
**ANCHORAGE, AK 99501**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.684 Nonpriority creditor's name and mailing address **WHEELER, RICHARD**  
**P.O. BOX 256**  
**ARDNVOIR, WA 98811**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$3,389.77**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.685 Nonpriority creditor's name and mailing address **WHITTIER SMALL BOAT HARBOR**  
**P.O. BOX 639**  
**WHITTIER, AK 99693**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.686 Nonpriority creditor's name and mailing address **WILLIAM COOK**  
**153 E VAIL**  
**YUKON, OK 73099**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.687 Nonpriority creditor's name and mailing address **WILLIAM CRAIG**  
**13331 BADGER LANE**  
**ANCHORAGE, AK 99516**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.688 Nonpriority creditor's name and mailing address **WILLIAM GRANGER**  
**PO BOX 1162**  
**SOLDOTNA, AK 99669**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.689 Nonpriority creditor's name and mailing address **WILLIAM MARKOWITZ**  
**P.O. BOX 2645**  
**SEWARD, AK 99664**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.690 Nonpriority creditor's name and mailing address **WILLIAM OLSEN**  
**41 FERN HILL RD**  
**CATHLAMET, WA 98612**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.691 Nonpriority creditor's name and mailing address **WILLIAM WEBBER**  
**P.O. BOX 1230**  
**CORDOVA, AK 99574**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.692 Nonpriority creditor's name and mailing address **XANADU SEAFOODS, INC.**  
**5405 192nd ST SW**  
**LYNNWOOD, WA 98036**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.693 Nonpriority creditor's name and mailing address **YAKOV BASARGIN**  
**35670 UPLAND ST**  
**SOUTH HOMER, AK 99603**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.694 Nonpriority creditor's name and mailing address **ZACHARY GRUMLIS**  
**7429 SAND LK RD**  
**ANCHORAGE, AK 99502**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.695 Nonpriority creditor's name and mailing address **ZEE SERVICE COMPANY**  
**2511A FAIRBANKS ST.**  
**ANCHORAGE, AK 99503**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
**As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Basis for the claim:** \_\_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Great Pacific Seafoods, Inc.**  
Name

Case number (if known)

3.696 Nonpriority creditor's name and mailing address

**ZEP MANUFACTURING  
21019 77TH AVE SO.  
KENT, WA 98032**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

**\$0.00**

3.697 Nonpriority creditor's name and mailing address

**ZURICH NORTH AMERICA  
DEPT. 2437  
CAROL STREAM, IL 60132-2437**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

**\$0.00**

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**

5a. \$ **3,006.96**

5b. + \$ **3,661,878.98**

5c. \$ **3,664,885.94**



**Fill in this information to identify the case:**Debtor name **Great Pacific Seafoods, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Whittier land lease**  
**Monthly rent: \$1,402.20**  
**Counsel for Landlord:**  
**William Hupprich (907)**  
**265-2682**  
**Expires 4/30/2025****Alaska Railroad Corporation**  
**William Hupprich, Counsel**  
**P.O. Box 107500**  
**Anchorage, AK 99510**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Fish Handling Permit.****Expires 4/30/2017****Alaska Railroad Corporation**  
**P.O. Box 107500**  
**Anchorage, AK 99510**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Whittier bunkhouse**  
**land lease**  
**Monthly rent: \$734.00**  
**Contact phone: (907)**  
**472-2354**  
**Expires 5/15/2020****Chou & Yenwen Shen**  
**P.O. Box 750**  
**Whittier, AK 99693**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Whittier egg house**  
**lease month to month:**  
**\$3,131.42****City of Whittier**  
**P.O. BOX 608**  
**Whittier, AK 99693**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Anchorage egg house lease month to month: \$3,146.75**

State the term remaining

List the contract number of any government contract

**Dean Hilde  
4601 E. WILDHORSE LANE  
Boise, ID 83712**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Tender Charter Agreement**

State the term remaining

**Expires 9/5/2018**

List the contract number of any government contract

**Erza Campbell  
P.O. Box 2235  
Seward, AK 99664**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Seattle office lease  
Monthly rent: \$3,342.00  
Contacts: (i) John Harvey IV  
206-972-8732  
jw@orcasbusinesspark.com**

**(ii) John Harvey III  
206-766-8765  
john@orcasbusinesspark.com**

State the term remaining

**Expires 10/31/2016**

List the contract number of any government contract

**Orcas Business Park  
P.O. Box 81024  
Seattle, WA 98108**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Entry Authorization (ADL 220709)  
Contact: Adam Smith  
907-269-8557  
adam.smith@alaska.gov**

State the term remaining

**Nondebtor party states fee due 5/31/2016**

List the contract number of any government contract

**State of Alaska  
Leasing Unit Manager  
550 W 7th Avenue, Ste 900c  
Anchorage, AK 99501**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Anchorage plant Land use permit**  
**Monthly payment:**  
**\$6,480.56**  
**Contact: Teresa Ressler**  
**Leasing Land Manager**  
**(907) 266-2639**  
**teresa.ressler@alaska.gov**  
**Expires 6/30/2018**

State the term remaining

List the contract number of any government contract

**Ted Stevens Anchorage Int Airp**  
**P.O. Box 196960**  
**Anchorage, AK 99519**

2.10. State what the contract or lease is for and the nature of the debtor's interest

**Apartment for employees**  
**Montly lease payment:**  
**\$1,630.28**

State the term remaining

List the contract number of any government contract

**Terrace On The Lake**  
**2421 BENTZEN CIRCLE**  
**ANCHORAGE, AK 99517**

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Great American Marine**  
**Operations Liability**  
**#OMH3133921**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy: Great American Marine**  
**Liability #OMH3133920**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual**  
**Umbrella**  
**#TH7Z91463861056**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual**  
**International General**  
**Liability**  
**#KU7F91463861076**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.15. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual**  
**Washington Stop Gap**  
**Liability**  
**#EL2Z91463861036**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.16. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual**  
**Business Auto**  
**#AS2Z91463861026**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.17. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual General**  
**Liability**  
**#TB2Z914638601016**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.18. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual Inland**  
**Marine - Computers**  
**#YM2Z91463861046**

State the term remaining

List the contract number of any government contract

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.19. State what the contract or lease is for and the nature of the debtor's interest

**Insurance policy:**  
**Liberty Mutual**  
**Equipment Floater**  
**#BMO57246955**

State the term remaining

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

2.20. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Insurance policy:  
Travelers Boiler &  
Machinery  
#BME10D247224PHX**

**Wells Fargo Insurance Services  
Attn: Marla Branch  
999 3rd Ave, Suite 4100  
Seattle, WA 98104**

2.21. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Insurance policy: Great  
American Pollution  
Liability  
#PRE211138603**

**Wells Fargo Insurance Services  
Attn: Marla Branch  
999 3rd Ave, Suite 4100  
Seattle, WA 98104**

2.22. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Insurance policy:  
Lloyds (Beazley)  
Property Policy  
including EQ/Flood  
#W152E2160301**

**Wells Fargo Insurance Services  
Attn: Marla Branch  
999 3rd Ave, Suite 4100  
Seattle, WA 98104**

2.23. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Insurance policy:  
Landmark DIC  
including Flood - Kenai  
#LHQ421842**

**Wells Fargo Insurance Services  
Attn: Marla Branch  
999 3rd Ave, Suite 4100  
Seattle, WA 98104**

2.24. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Insurance policy:  
Westchester Fire  
Employment Practices  
Liability  
#G27431914003**

**Wells Fargo Insurance Services  
Attn: Marla Branch  
999 3rd Ave, Suite 4100  
Seattle, WA 98104**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25. State what the contract or lease is for and the nature of the debtor's interest  
  
State the term remaining  
  
List the contract number of any government contract \_\_\_\_\_

**Insurance policy:**  
**Lloyds Cargo/Stock Coverage**  
**#B0180PC1630437**

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

2.26. State what the contract or lease is for and the nature of the debtor's interest  
  
State the term remaining  
  
List the contract number of any government contract \_\_\_\_\_

**Insurance policy:**  
**Travelers Crime**  
**#106080019**

**Wells Fargo Insurance Services**  
**Attn: Marla Branch**  
**999 3rd Ave, Suite 4100**  
**Seattle, WA 98104**

**Fill in this information to identify the case:**Debtor name **Great Pacific Seafoods, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Daniel DeMatteis****37553 21st Ave. S.  
Federal Way, WA 98003****RANDAL L VASKO**☐ D \_\_\_\_\_  
☒ E/F **3.506**  
☐ G \_\_\_\_\_**2.2 Daniel DeMatteis****37553 21st Ave. S.  
Federal Way, WA 98003****RANDAL VASKO**☒ D **2.6**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.3 Daniel DeMatteis****37553 21st Ave. S.  
Federal Way, WA 98003****CTT MANAGEMENT  
CO, LLC**☒ D **2.3**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.4 Mary DeMatteis****10229 Evening Primrose Ave.  
Las Vegas, NV 89100****U.S. BANK**☒ D **2.11**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.5 Suzanne  
DeMatteis****7555 44th Ave SW  
Seattle, WA 98136****RANDAL L VASKO**☐ D \_\_\_\_\_  
☒ E/F **3.506**  
☐ G \_\_\_\_\_

Debtor **Great Pacific Seafoods, Inc.**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Suzanne DeMatteis</b>	<b>7555 44th Ave SW Seattle, WA 98136</b>	<b>RANDAL VASKO</b>	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	<b>Suzanne DeMatteis</b>	<b>7555 44th Ave SW Seattle, WA 98136</b>	<b>CTT MANAGEMENT CO, LLC</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>ZIONS BANK</b>	<input checked="" type="checkbox"/> D <u>2.18</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>ZION CREDIT CORP</b>	<input checked="" type="checkbox"/> D <u>2.17</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.10	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>CONTINENTAL LAND</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>SMALL BUSINESS ADMINISTRATION</b>	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.12	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>RANDAL L VASKO</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.506</u> <input type="checkbox"/> G _____
2.13	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>ALASKA RAILROAD CORPORATION</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.46</u> <input type="checkbox"/> G _____



Debtor **Great Pacific Seafoods, Inc.**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>RANDAL VASKO</b>	<input checked="" type="checkbox"/> D <b>2.6</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>CTT MANAGEMENT CO, LLC</b>	<input checked="" type="checkbox"/> D <b>2.3</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	<b>The Estate of Jack DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>U.S. BANK</b>	<input checked="" type="checkbox"/> D <b>2.11</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**Debtor name Great Pacific Seafoods, Inc.United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2016 to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**

(before deductions and exclusions)

\$2,616,038.00**For prior year:**From 1/01/2015 to 12/31/2015☒ Operating a business☐ Other \_\_\_\_\_\$21,226,359.00**For year before that:**From 1/01/2014 to 12/31/2014☒ Operating a business☐ Other \_\_\_\_\_\$26,538,134.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**

Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Please See Attached.</b>		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Please see answer to SOFA 30</b>		<b>\$0.00</b>	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Anytime Labor-Alaska Laabor, LLC cba Labormax Staffing vs. Great Pacific Seafoods, Inc. 3AN-16-04681C1</b>	<b>Collection</b>	<b>Third Judicial District at Anchorage 825 W. 4th Ave Anchorage, AK 99501</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Focus Managment Corp.</b> 5001 West Lemon Street Tampa, FL 33609			<b>\$526,287.09</b>
	Email or website address www.focusmg.com			
	Who made the payment, if not debtor?			
11.2.	<b>Socius Law Group, PLLC - General Counsel</b> 601 Union Street Suite 4950 Seattle, WA 98101		<b>Beginning February 1, 2016.</b>	<b>\$54,028.87</b>
	Email or website address www.sociuslaw.com			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3.	<b>Bush Kornfeld LLP</b> 601 Union Street, Suite 5000 Seattle, WA 98101	Fees paid \$104,055.00 Costs paid \$ 1,421.64		<b>\$105,476.64</b>
	Email or website address <b>www.bskd.com</b>			
	Who made the payment, if not debtor?			
11.4.	<b>Amory Securities, LLC</b> 1230 Rosecrans Ave., Ste. 660 Manhattan Beach, CA 90266			<b>\$57,150.82</b>
	Email or website address <b>www.armorygroupplc.com</b>			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Great Pacific Seafoods, Inc. 401K Plan and Trust**

Employer identification number of the plan

EIN: **91-0998822**

Has the plan been terminated?

- ☒ No
- ☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0653</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	<b>12/9/2015</b>	<b>\$137.89</b>
18.2.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0696</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	<b>12/9/2015</b>	<b>\$30.76</b>
18.3.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0726</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	<b>12/9/2015</b>	<b>\$133.80</b>

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.4.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0629</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>12/9/2015</b>	<b>\$969.05</b>
18.5.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0718</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>12/9/2015</b>	<b>\$111.30</b>
18.6.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0734</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>12/9/2015</b>	<b>\$33.31</b>
18.7.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0645</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>5/12/2016</b>	<b>\$98.04</b>
18.8.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0610</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>5/12/2016</b>	<b>\$502.91</b>
18.9.	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0602</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>5/12/2016</b>	<b>\$264.78</b>
18.10	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0661</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>5/12/2016</b>	<b>\$735.15</b>
18.11	<b>Wells Fargo P.O. Box 6995 Portland, OR 97228-6995</b>	<b>XXXX-0688</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	<b>5/12/2016</b>	<b>\$1,659.07</b>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
<b>1st Ave. Self Storage</b> <b>2400 1st Ave South</b> <b>Seattle, WA 98134</b>	<b>Daniel DeMatties</b> <b>Tracy Barker</b>	<b>Business Records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
<b>See Attached.</b>		<b>Kenai (i) boats; (ii) items located in gear lockers inside plant (fishermen have the keys). Whittier: nets on dock</b>	<b>\$0.00</b>

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.



Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. <b>Mo Brackett</b> <b>650 S. Orcas Street</b> <b>Seattle, WA 98108</b>	<b>1/1/2013-5/13/2016</b>
26a.2. <b>Tracy Barker</b> <b>650 S. Orcas St.</b> <b>Seattle, WA 98108</b>	<b>1/1/2013-5/27/16</b>
26a.3. <b>Frank Musso</b> <b>Focus Management Group</b> <b>5001 W. Lemon St</b> <b>Tampa, FL 33609</b>	<b>10/1/15 - 5/27/16</b>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. <b>Bregante &amp; Company</b> <b>301 Battery Street</b> <b>San Francisco, CA 94111</b>	<b>12/31/2013-5/12/2015</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Daniel DeMatteis</b> <b>650 S. Orcas St.</b> <b>Seattle, WA 98108</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **US Bank**  
**P.O. Box 790429**  
**Saint Louis, MO 63179-0429**

26d.2. **Zion National Bank**  
**National Real Estate Group**  
**P.O. Box 26304**  
**Salt Lake City, UT 84126**

26d.3. **Small Business Association**  
**FMLP Program**  
**9062 Old Annapolis, RD**  
**Columbia, MD 21045**

26d.4. **Nosui Co.**  
**Fish Div. Marine Products**  
**Tomoya Wada**  
**JAPAN**

26d.5. **Wells Fargo Insurance**  
**601 Union St. Ste. 1300**  
**Seattle, WA 98133**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Plant Managers superivse taking of inventories every week in season		
	Name and address of the person who has possession of inventory records Daniel DeMatteis 650 S. Orcas Street Seattle, WA 98108		
27.2	Plant Managers superivse taking of inventories every week in season		
	Name and address of the person who has possession of inventory records Daniel DeMatteis 650 S. Orcas Street Seattle, WA 98108		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Estate of Jack DeMatteis	10229 Evening Primrose Ave. Las Vegas, NV 89135		60%

Name	Address	Position and nature of any interest	% of interest, if any
<b>Suzanne DeMatteis</b>	<b>7555 44th Ave SW Seattle, WA 98136</b>	<b>Treasurer</b>	<b>20%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Daniel DeMatteis</b>	<b>37553 21st Ave S. Federal Way, WA 98003</b>	<b>President</b>	<b>20%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Mary DeMatteis</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>Secretary</b>	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>Jack DeMatteis (deceased)</b>	<b>10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>President</b>	<b>1977-10/17/2015</b>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Jack DeMatteis (deceased) 10229 Evening Primrose Ave. Las Vegas, NV 89135</b>	<b>\$64,800.00</b>		<b>Salary</b>
	<b>Relationship to debtor (deceased) former President</b>			
30.2	<b>Suzanne DeMatteis 7555 44th Ave SW Seattle, WA 98136</b>	<b>\$102,320.00</b>		<b>Salary and Expense.</b>
	<b>Relationship to debtor Treasurer</b>			
30.3	<b>Daniel DeMatteis 37553 21st Ave. South Federal Way, WA 98003</b>	<b>\$104,365.00</b>		<b>Salary and Expense.</b>
	<b>Relationship to debtor President</b>			

Debtor **Great Pacific Seafoods, Inc.**

Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.4	<b>Mary DeMatteis</b> <b>10229 Evening Primrose Ave.</b> <b>Las Vegas, NV 89135</b>	<b>\$12,150.00</b>		<b>Salary.</b>
	Relationship to debtor <b>Secretary</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 29, 2016****/s/ Daniel J. DeMatteis**

Signature of individual signing on behalf of the debtor

**Daniel J. DeMatteis**

Printed name

Position or relationship to debtor **President**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

**GREAT PACIFIC SEAFOODS, INC.**

Attachment to Statement of Financial Affairs

Question 3

3/1/2016	check #44733	Alaska Credit Union	\$3,342.70	secured debt
3/22/16	check #44788	Alaska Credit Union	\$3,183.52	secured debt
3/7/2016	check #44743	Alaska Railroad	\$1,402.20	Supplier
3/7/2016	check #44758	Alaska Railroad	\$20,000.00	Supplier
4/12/16	Check #44820	Alaska Railroad	\$1,402.20	Supplier
5/6/16	Check #44873	Alaska Railroad	\$1,402.20	Supplier
3/31/16	Check #44803	ANCHORAGE WATER & WASTEWATER	\$11,332.90	Supplier
4/22/16	Check #44855	ANCHORAGE WATER & WASTEWATER	\$14,834.42	Supplier
3/21/16	check #44789	Armory Securities	\$6,385.33	Services
4/25/16	wire transfer	Armory Securities	\$25,765.49	Services
3/18/16	check #44787	AT&T wireless	\$4,220.69	Supplier
4/19/16	Check #44848	AT&T wireless	\$4,135.51	Supplier
5/16/16	Check #44892	AT&T wireless	\$4,080.85	Supplier
3/9/2016	check #44771	Bellingham Cold Storage	\$128.00	Supplier
3/14/2016	check #44773	Bellingham Cold Storage	\$10,000.00	Supplier
5/16/16	Check #44884	Bellingham cold storage	\$9,000.00	Supplier
4/11/16	Check #44829	Bellingham Cold Storage	\$14,285.88	Supplier
3/30/16	Check #44804	Bregante Company	\$2,800.00	Services
5/5/16	Check #44864	Bregante Company	\$5,000.00	Services
5/18/16	wire transfer	Bregante Company	\$4,700.00	Services
3/23/16	check #44790	Bush & Kornfeld	\$9,302.90	Services
4/12/16	Check #44828	Bush & Kornfeld	\$4,886.50	Services
4/25/16	wire transfer	Bush & Kornfeld	\$3,760.00	Services
5/5/16	wire transfer	Bush & Kornfeld	\$3,520.00	Services
5/10/16	wire transfer	Bush & Kornfeld	\$15,000.00	Services
5/12/16	wire transfer	Bush & Kornfeld	\$4,680.00	Services
5/18/16	wire transfer	Bush & Kornfeld	\$1,800.00	Services
5/25/18	wire transfer	Bush Kornfeld	\$2,560.00	Services
2/29/16	1830	Charles Black	\$5,393.85	Supplier
3/4/16	1834	Charles Black	\$3,037.65	Supplier
3/7/16	1839	Charles Black	\$5,016.66	Supplier
3/11/16	1846	Charles Black	\$5,985.87	Supplier
3/14/16	1851	Charles Black	\$4,234.89	Supplier

3/16/16	1853	Charles Black	\$2,001.24	Supplier
3/22/16	1861	Charles Black	\$2,038.74	Supplier
3/28/16	Check #44805	Chugach Electric	\$10,735.17	Supplier
4/21/16	Check #44856	Chugach Electric	\$10,711.37	Supplier
3/21/16	check #44748	City of Whittier	\$1,011.85	Supplier
3/21/16	check #44745	City of Whittier	\$3,131.42	Supplier
4/18/16	Check #44833	City of Whittier	\$1,268.94	Supplier
4/18/16	Check #44822	City of Whittier	\$3,131.42	Supplier
4/25/16	Check #44850	City of Whittier	\$153.36	Supplier
5/17/16	Check #44877	City of Whittier (rent)	\$3,131.42	Supplier
5/13/16	Check #44891	Comcast (utlites)	\$536.39	Supplier
3/4/2016	Check #44735	CTT Management	\$5,069.44	secured debt
4/7/16	Check #44812	CTT Management	\$5,069.44	secured debt
3/11/2016	check #44742	Dean Hilde	\$3,146.75	Supplier
4/11/16	Check #44816	Dean Hilde	\$3,146.75	Supplier
5/12/16	Check #44874	Dean Hilde	\$3,146.75	Supplier
2/29/16	1831	Edward Giraed	\$2,937.33	Supplier
3/4/16	1835	Edward Giraed	\$3,976.17	Supplier
3/7/16	1840	Edward Giraed	\$3,188.46	Supplier
3/11/16	1845	Edward Giraed	\$4,403.07	Supplier
3/16/16	1852A	Edward Giraed	\$6,807.24	Supplier
3/18/16	1856	Edward Giraed	\$2,537.40	Supplier
3/22/16	1859	Edward Giraed	\$1,271.49	Supplier
3/8/2016	check #44751	ENSTAR Natural Gas Co	\$1,597.75	Supplier
4/1/16	Check #44811	ENSTAR Natural Gas Co	\$3,178.96	Supplier
4/6/16	Check #44819	ENSTAR Natural Gas Co	\$1,744.50	Supplier
4/15/16	Check #44844	ENSTAR Natural Gas Co	\$681.15	Supplier
2/29/16	1832	Eric Velsko	\$12,228.15	Supplier
3/4/16	1837	Eric Velsko	\$14,393.94	Supplier
3/12/16	1848	Eric Velsko	\$14,086.05	Supplier
3/18/16	1857	Eric Velsko	\$3,340.53	Supplier
3/22/16	1842A	Eric Velsko	\$13,969.56	Supplier
3/22/16	1858	Eric Velsko	\$1,860.87	Supplier
3/8/2016	check #44760	FAIRCHILD FREIGHT, LLC	\$8,200.00	Supplier

4/15/16	Check #44830	FAIRCHILD FREIGHT, LLC	\$3,000.00	Supplier
4/19/16	Check #44853	FAIRCHILD FREIGHT, LLC	\$2,900.00	Supplier
5/16/16	Check #44885	FAIRCHILD FREIGHT, LLC	\$3,900.00	Supplier
5/16/16	Check #44885	Fairchild trucking	\$3,900.00	Supplier
3/9/16	1514	Fish Factory	\$25,739.99	Supplier
3/9/16	1513	Fish Factory	\$25,739.99	Supplier
3/10/16	1533	Fish Factory	\$16,054.39	Supplier
3/10/16	1528	Fish Factory	\$16,054.39	Supplier
3/28/16	1585	Fish Factory	\$29,760.76	Supplier
3/28/16	1586	Fish Factory	\$29,460.76	Supplier
4/11/16	1598	Fish Factory	\$24,628.42	Supplier
4/11/16	1595	Fish Factory	\$620.59	Supplier
4/11/16	1597	Fish Factory	\$24,628.42	Supplier
4/25/16	1604	Fish Factory	\$29,137.35	Supplier
4/13/16	Check #44832	Flat Iron Capital	\$33,292.71	Insurance
4/28/16	Check #44869	Flat Iron Capital	\$30,653.00	Insurance
3/2/2016	wire Transfer	Focus Management Corp	\$14,780.83	Services
3/10/2016	wire transfer	Focus Management Corp	\$14,515.27	Services
3/18/16	wire transfer	Focus Management Corp	\$10,606.59	Services
3/24/16	wire transfer #002914	Focus Management Corp	\$4,710.58	Services
3/31/16	Wire transfer	Focus Management Corp	\$16,009.97	Services
4/7/16	Wire Transfer #001180	Focus Management Corp	\$12,710.13	Services
4/14/16	wire transfer	Focus Management Corp	\$15,668.82	Services
4/21/16	wire transfer	Focus Management Corp	\$19,090.08	Services
4/26/16	wire transfer	Focus Management Corp	\$16,442.62	Services
5/5/16	wire transfer	Focus Management Corp	\$20,852.94	Services
5/12/16	wire transfer	Focus Management Corp	\$18,260.32	Services
5/18/16	wire transfer	Focus Management Corp	\$8,800.00	Services
5/25/18	wire transfer	Focus Management Corp	\$25,683.93	Services
3/21/16	check #44768	HOMER (Utilities)	\$16,451.37	Supplier
4/7/16	Check #44806	HOMER (Utilities)	\$7,096.91	Supplier
4/26/16	Check #44839	HOMER (Utilities)	\$6,769.36	Supplier
3/5/16	1838	Kenneth Swickie	\$21,243.75	Supplier
3/9/16	1843	Kenneth Swickie	\$30,034.29	Supplier



3/12/16	1847	Kenneth Swickie	\$29,463.72	Supplier
3/16/16	1855	Kenneth Swickie	\$19,671.96	Supplier
3/22/16	1862	Kenneth Swickie	\$5,527.17	Supplier
5/18/16	Check #44886	Lynden Air Cargo	\$6,152.56	Supplier
	Check #44886	Lynden Air Cargo	\$6,152.56	Supplier
3/15/2016	check #44761	LYNDEN AIR FREIGHT	\$5,066.81	Supplier
3/21/16	check #44775	LYNDEN AIR FREIGHT	\$7,029.79	Supplier
3/28/16	Check #44792	LYNDEN AIR FREIGHT	\$5,000.00	Supplier
4/18/16	Check #44831	LYNDEN AIR FREIGHT	\$7,027.54	Supplier
4/18/16	Check #44854	LYNDEN AIR FREIGHT	\$7,044.40	Supplier
2/29/16	1829	Mathew Stovmant	\$2,132.79	Supplier
3/1/16	1833	Mathew Stovmant	\$4,049.43	Supplier
3/4/16	1836	Mathew Stovmant	\$3,493.71	Supplier
3/7/16	1841	Mathew Stovmant	\$4,351.38	Supplier
3/11/16	1844	Mathew Stovmant	\$3,792.69	Supplier
3/14/16	1849	Mathew Stovmant	\$4,949.34	Supplier
3/14/16	1850	Mathew Stovmant	\$2,880.90	Supplier
3/16/16	1854	Mathew Stovmant	\$1,248.72	Supplier
3/22/16	1860	Mathew Stovmant	\$1,571.13	Supplier
3/4/2016	check #44739	Nationwide	\$1,331.00	Insurance
3/14/2016	check #44772	Nationwide	\$1,506.00	Insurance
4/11/16	Check #44823	Nationwide	\$1,906.00	Insurance
5/9/16	Check #44881	Nationwide	\$1,331.00	Insurance
3/7/2016	check #44741	Orcas Business Park	\$3,342.00	Supplier
4/19/16	Check #44815	Orcas Business Park	\$3,798.00	Supplier
5/6/16	Check #44876	Orcas Business Park	\$3,342.00	Supplier
5/18/16	wire transfer	Ravenstar	\$11,450.36	Supplier
5/25/18	wire transfer	Ravenstar	\$4,475.07	Supplier
3/1/2016	check #44736	Regence Blueshield	\$12,800.72	Insurance
3/1/2016	check #44736	Regence Blueshield	\$20,808.70	Insurance
4/6/16	Check #44818	Regence Blueshield	\$17,899.90	Insurance
4/25/16	wire transfer	Regence Blueshield	\$17,356.50	Insurance
3/8/2016	Auto Debt	SCANDIA/Wells Fargo	\$7,588.05	secured debt
3/15/2016	auto debit	SCANDIA/Wells Fargo	\$13,423.37	secured debt

3/31/16	wire transfer	SCANDIA/Wells Fargo	\$7,588.05	secured debt
4/15/16	Auto debit	SCANDIA/Wells Fargo	\$13,423.37	secured debt
4/5/16	Check #44808	Shoreside Petroleum, Inc.	\$15,000.00	Supplier
3/1/2016	AUTO DEBT	Small Business Administration	\$5,132.43	Supplier
4/1/16	wire transfer	Small Business Administration	\$5,132.43	Supplier
5/25/18	wire transfer	Socius	\$7,948.50	Services
5/18/16	wire transfer	Socius Law	\$5,600.00	Services
3/28/16	Check #44802	Socius Law Group, PLC	\$6,707.87	Supplier
4/25/16	wire transfer	Socius Law Group, PLC	\$18,367.50	Supplier
5/12/16	wire transfer	Socius Law Group, PLC	\$15,405.00	Supplier
3/31/16	wire transfer	State of Alaska - Dept of Revenue	\$259,343.24	Taxes
3/4/2016	check #44746	Ted Stevens Airport	\$6,480.56	Supplier
4/6/16	Check #44817	Ted Stevens Airport	\$6,480.56	Supplier
5/5/16	Check #44875	Ted Stevens Airport	\$6,480.56	Supplier
3/2/2016	wire transfer	TERRACE ON LK	\$1,633.84	Supplier
4/4/16	wire transfer	TERRACE ON LK	\$1,630.28	Supplier
5/2/16	wire transfer	TERRACE ON LK	\$1,624.22	Supplier
5/9/16	wire transfer	TERRACE ON LK	\$1,598.93	Supplier
3/21/16	Wire transfer	U.S. BANCORP EQUIPMENT FINANCE	\$7,774.88	secured debt
4/20/16	auto debit	U.S. BANCORP EQUIPMENT FINANCE	\$7,810.87	secured debt
3/10/2016	auto debit	US Bank credit card	\$1,000.00	Supplier
4/19/16	auto debit	US Bank credit card	\$9,118.13	Supplier
5/12/16	online payment	US Bank credit card	\$10,000.00	Supplier
3/2/2016	check #44738	Wells Fargo Insurance	\$15,265.25	Insurance
4/4/16	wire transfer	Wells Fargo Insurance	\$15,265.25	Insurance
5/3/16	Check #44867	Wells Fargo Insurance	\$15,265.25	Insurance
3/21/16	AUTO DEPOSIT	Zion Credit Corp	\$11,267.85	secured debt
4/20/16	auto debit	Zion Credit Corp	\$11,267.85	secured debt
3/2/2016	auto debit	Zion National Bank	\$8,293.18	secured debt
3/3/2016	auto debit	Zion National Bank	\$1,290.31	tax escrow
4/4/16	wire transfer	Zion National Bank	\$8,293.18	secured debt
4/5/16	AUTO DEBIT	Zion National Bank	\$1,290.31	tax escrow

**GREAT PACIFIC SEAFOODS, INC.**

Attachment to Statement of Financial Affairs

Question 21

<u>Name of Boat on Kenai Property</u>	<u>Owner</u>	<u>Address</u>
Ruth Ann	Carl Taurianen	PO BOX 8004 NIKISKI AK 99635
New Day	Ricky Wik	1122 INLET WOODS DR KENAI AK 99611
Snow Breeze	Willie Porter... Fish Hawk	100 4 <sup>th</sup> St. Astoria OR 97103
Torpedo	Lance Barnett	PO Box 1267 ASTORIA AK 99556
Fiat Lux	Adam Barrowcliff	PO Box 595 ANCHOR POINT AK 99556
Net Gain	John Sauerbrey	40291 BOULDER PARK LANE SOLDOTNA AK 99669
Jade IX	Brett Laichuk	770 LARS CIRCLE ANCHORAGE AK 99518
Blue Bird	Rob Levinhagen	PO BOX 143 KASILOF AK 99610
Holly Ann	Keith Findley	805 NW BUCKEYE AVE EARLHAM IA 50072
Akatez	Bill Olsen	41 FERN HILL RD CATHLAMET WA 98612
Blue Eyes	Dan Jorgenson	204 N 162ND ST OMAHA NE 98118
Albacor	Jeff Widham	3431 CHERRY ST ANCHORAGE AK 99504
Tarpon	Mike Wegdahl	473 ELOCHOMAN VALLEY RD CATHLAMET WA 98612
Breezy	Steve Doumit	PO BOX 406 CATHLAMET WA 98612
Marilynn		
Blackfish	Jeff Hodder	PO BOX 448 STERLING AK 99672
Middle Rip	Mark Zimmerman	36225 Mere Circle Soldotna, AK 99669
West Rip	Keith Findley	805 NW BUCKEYE AVE EARLHAM IA 50072
Tempest	Andrew Umalauf	5060 INGLEWOOD DR LANGLEY WA 98260
Seville	Marty Hermensen	8927 Golovin St. Anchorage, AK 99507
Iwalani	Terry Mahan	PO BOX 122 KASILOF AK 99610
Stephanie Joe	Joe Maletesta	PO BOX 2228 SOLDOTNA AK 99669

<u>Locker No(s). at Kenai Property</u>	<u>Owner of Items Inside</u>	<u>Address</u>
1 & 2	Steve Clark	P O BOX 573 KENAI AK 99611
3	Dana Merrill	
4	Kim Partridge	22409 95 <sup>th</sup> Pl. W. Edmonds, WA 98020
5	Bill Olsen	41 FERN HILL RD CATHLAMET WA 98612
6	Steve Doumit	PO BOX 406 CATHLAMET WA 98612
7 & 8	Mike Wegdahl	473 ELOCHOMAN VALLEY RD CATHLAMET WA 98612
9	Jimmy Williams	255 Aspen Dr. Soldonta, AK 99669
10 & 11	No name	
12	Tony Umalauf	7038 Maxwelton Rd. Clinton, WA 98236
13	No name	
14 & 15	Jason Barnes	PO Box 495 Cordova, AK 99574
16	No name	
17	Dan Jorgenson	204 N 162ND ST OMAHA NE 98118
19	Marty Hermensen	8927 Golovin St. Anchorage, AK 99507
20	No name	

**United States Bankruptcy Court  
Western District of Washington**

In re **Great Pacific Seafoods, Inc.**

Debtor(s)

Case No. \_\_\_\_\_

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 29, 2016**

**/s/ Daniel J. DeMatteis**

**Daniel J. DeMatteis/President**

Signer/Title

US ATTORNEY  
ATN BANKRUPTCY ASSISTANT  
700 STEWART STREET  
ROOM 5220  
SEATTLE, WA 98101-4438

INTERNAL REVENUE SVC (PHIL)  
CENTRALIZED INSOL OPERATIONS  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

COMMODITY FUTURES TRADING  
1155 21ST ST NW  
WASHINGTON, DC 20581

SECURITIES & EXCHANGE COMM  
ATTN BANKRUPTCY COUNSEL  
44 MONTGOMERY ST #2600  
SAN FRANCISCO, CA 94104

US TREASURY  
SECRETARY OF THE TREASURY  
1500 PENNSYLVANIA AVE NW  
WASHINGTON, DC 20220

US DEPT OF EDUCATION  
BANKRUPTCY DEPARTMENT  
PO BOX 65128  
SAINT PAUL, MN 55165

WA DEPT OF REV-SEA  
BANKRUPTCY/CLAIMS UNIT  
2101 4TH AVE #1400  
SEATTLE, WA 98121-2300

WA DEPT OF L&I-OLY  
COLLECTIONS  
PO BOX 44171  
OLYMPIA, WA 98504-4171

WA DEPT OF EMP SEC-OLY  
UI TAX ADMIN  
PO BOX 9046  
OLYMPIA, WA 98507-9046

WA ATTORNEY GENERAL  
BANKRUPTCY & COLLECTIONS UNIT  
800 5TH AVE #2000  
SEATTLE, WA 98104

WA DEPT OF SOCIAL&HEALTH SVCS  
DIV OF CHILD SUPPORT  
PO BOX 11520  
TACOMA, WA 98411-5520

AIMEE S. WILLIG WSBA  
BUSH KORNFELD LLP  
601 UNION ST., SUITE 5000  
SEATTLE, WA 98101-2373

GREAT PACIFIC SEAFOODS, INC.  
P.O. BOX 81165  
SEATTLE, WA 98108

1 OCEAN SEAFOOD  
PO BOX 539  
FOX ISLAND, WA 98333

10TH M SEAFOODS  
1020 M STREET  
ANCHORAGE, AK 99501

1ST AVE SELF STORAGE  
2400 1ST AVE SOUTH  
SEATTLE, WA 98134

2 BEARS TRUCKING  
P O BOX 1976  
SOLDOTNA 99669

A-1 COPY SYSTEMS, LLC  
927 WEST FIREWEED LN#1  
ANCHORAGE, AK 99503

A1 ENTERPRISES, INC  
229 WILSON LANE  
SOLDOTNA, AK 99669



ABBEON CAL, INC.  
123 GRAY AVENUE  
SANTA BARBARA, CA 00931-0118

ABLE LOCKSMITHS  
511 E NORTHERN LIGHTS BLVD  
ANCHORAGE, AK 99503-2808

ACE ENGINEERING  
P.O. BOX 2324  
SOLDOTNA, AK 99669

ACME PALLETS  
P.O. BOX 220067  
ANCHORAGE, AK 99522-0067

ADAM BARROWCLIFF  
PO BOX 595  
ANCHOR POINT, AK 99556

ADVANCED PROPELLER  
3236 LAKE ST  
HOMER, AK 99603

AFDF  
431 W. 7TH AVE. SUITE 106  
ANCHORAGE, AK 99501

AFFILIATED ASSOCIATIONS  
OF AMERICA  
10510 NE NORTHUP WAY SUITE200  
KIRKLAND, WA 98033

AIR LIQUIDE AMERICA CORP.  
6415 ARCTIC BLVD  
ANCHORAGE, AK 99518

AIRGAS-NOR PAC, INC.  
P.O. BOX 7423  
PASADENA, CA 91109-7423

AIRPORT EQUIPMENT RENTAL  
PO BOX 72578  
FAIRBANKS, AK 99707

AK EXPRESS TAGS/TITLES  
44661 STERLING HWY  
SUITE A  
SOLDOTNA, AK 99669

ALASKA AIR CARGO  
PO BOX 68900  
SEATTLE, WA 98168

ALASKA AIR FORWARDING, INC.  
P.O. BOX 68280  
SEATTLE, WA 98168-0280

ALASKA AIRLINES  
PO BOX 749877  
LOS ANGELES, CA 90074-9877

ALASKA BEARING CORPORTION  
350 EAST INTERNATIONAL  
AIRPORT ROAD  
ANCHORAGE, AK 99518

ALASKA BEST WATER  
11811 S. GAMBELL ST.  
ANCHORAGE, AK 99515

ALASKA BOILER TREATMENT  
PO BOX 231812  
ANCHORAGE, AK 99523-1812

ALASKA BOLT & CHAIN, INC.  
36314 KENAI SPUR HWY  
SOLDOTNA, AK 99669

ALASKA BUSINESS SYSTEMS, INC.  
619 E. FIFTH AVE.,  
SUITE 100  
ANCHORAGE, AK 99501

ALASKA BUTCHER & SUPPLY  
4507 MOUNTAIN VIEW DRIVE  
ANCHORAGE, AK 99508

ALASKA COMMUNICATIONS SYSTEMS  
P.O. BOX 196666  
ANCHORAGE, AK 99519-6666

ALASKA CUSTOM SEAFOODS  
4474 HOMER SPIT ROAD  
P.O. BOX 996  
HOMER, AK 99603

ALASKA DEPARTMENT OF REVENUE  
INCOME AND EXCISE AUDIT DIV.  
P.O. BOX 110420  
JUNEAU, AK 99811-0420

ALASKA DEPT OF LABOR  
PO BOX 107022  
ANCHORAGE, AK 99510

ALASKA ENVIRONMENTAL & SAFETY  
SUPPLY, INC.  
7521 OLD SEWARD HWY. UNIT C  
ANCHORAGE, AK 99518

ALASKA FIRE, INC.  
1200 EAST 76TH AVE.  
SUITE 1224  
ANCHORAGE, AK 99518

ALASKA HYDRAULICS, INC.  
166 E. POTTER DRIVE  
SUITE #1  
ANCHORAGE, AK 99518-1377

ALASKA INDUSTRIAL HARDWARE  
2192 VIKING DRIVE  
ANCHORAGE, AK 99501

ALASKA INSULATION SUPPLY  
261 E 56TH AVE BLD B  
ANCHORAGE, AK 99518

ALASKA MARINE LINES, INC.  
P.O. BOX 24348  
SEATTLE, WA 98124-1026

ALASKA NORTHERN FISHERIES  
PO BOX 2235  
SEWARD, AK 99664

ALASKA OIL SALES  
43442 K-BEACH ROAD  
SOLDOTNA 99669

ALASKA PACIFIC SEAFOODS  
627 SHELIKOF ST  
KODIAK, AK 99615

ALASKA PACKAGING  
400 N SITKA  
ANCHORAGE, AK 99501

ALASKA PACKAGING LUMBER LLC  
400 N SITKA  
ANCHORAGE, AK 99501

ALASKA PALLET SERVICES  
7940 SANDLEWOOD PL  
ANCHORAGE, AK

ALASKA PIPE & SUPPLY  
P.O. BOX 6005  
PORTLAND, OR 97228

ALASKA PUMP & SUPPLY  
PO BOX 201791  
DALLAS, TX 75320-1791

ALASKA RAILROAD CORPORATION  
P.O. BOX 100520  
ANCHORAGE, AK 99510-0520

ALASKA RAILROAD CORPORATION  
WILLIAM HUPPRICH, COUNSEL  
P.O. BOX 107500  
ANCHORAGE, AK 99510

ALASKA RAILROAD CORPORATION  
P.O. BOX 107500  
ANCHORAGE, AK 99510

ALASKA REFRIGERATION, INC.  
4205 COPE ST.  
ANCHORAGE, AK 99503

ALASKA RUBBER & SUPPLY INC.  
5811 OLD SEWARD HIGHWAY  
ANCHORAGE, AK 99518-1479

ALASKA SAFETY, INC  
4725 GAMBELL STREET  
ANCHORAGE, AK 99503

ALASKA SALMON ALLIANCE  
P O BOX 586  
KENAI, AK 99611

ALASKA SCALE SERVICE  
1450 SOUTH BODENBURG LOOP  
PALMER, AK 99645

ALASKA STEEL CO.  
6180 ELECTRON DR  
ANCHORAGE, AK 99518

ALASKA TOOL & EQUIP. SERVICE  
3207 ARCTIC BLVD.  
ANCHORAGE,, AK 99503

ALASKA USA FED. CREDIT UNION  
ANCHORAGE FINANCIAL CTR  
500 W 36TH AVE  
SUITE 400  
ANCHORAGE, AK 99519

ALASKA USA FEDERALCREDIT UNION  
P.O. BOX 196615  
ANCHORAGE, AK 99519-6615

ALASKA WAREHOUSE EQUIPMENT, INC  
7720 SCHOON ST.  
ANCHORAGE, AK 99518

ALASKA WASTE  
PO BOX 196097  
ANCHORAGE, AK 99519-6097

ALASKA WASTE  
6301 ROSEWOOD ST.  
ANCHORAGE, AK 99518

ALASKAN SALMON ALLIANCE  
P.O. BOX 586  
KENAI, AK 99611

ALEXANDER I REUTOV  
PO BOX 2428  
HOMER, AK 99603

ALLIANCE ENTERPRISES, INC.  
P.O. BOX 610  
CLINTON, WI 53525-0610

ALPHA & OMEGA SALES LTD  
3827 RIVER ROAD WEST  
DELTA B.C. V4K3N2

ALPHAGRAPHS  
3131 ELLIOTT AVENUE  
SUITE 100  
SEATTLE, WA 98121

ALPINE EQUIPMENT RENTALS  
3409 EVERETT AVE  
EVERETT, WA 98201

ALYESKA SALES & SERVICE INC.  
35095 K-B DRIVE  
SOLDOTNA, AK

AMERICAN EXPRESS  
SUITE 0001  
CHICAGO, IL 60679-0001

AMERICAN PEST MANAGEMENT  
ANC AMERICAN PEST MANAGEMENT  
403 EAST FIREWEED LANE  
ANCHORAGE, AK 99503

AMERIGAS  
6951 E BLUE LUPINE DR  
PALMER, AK 99645

ANCHOR INN  
P.O. BOX 750  
WHITTIER, AK 99693

ANCHORAGE SAND & GRAVEL  
1040 O'MALLEY ROAD  
ANCHORAGE, AK 99515

ANCHORAGE WATER & WASTEWATER  
P.O. BOX 196626  
ANCHORAGE, AK 99519-6626

ANDREA C TAYLOR  
21055 EARL CT  
KASILOF, AK 99610

ANDREW A UMLAUF  
5060 INGLEWOOD DR  
LANGLEY, WA 98260

ANDREW BEALE  
345 BREEZE CT  
ANCHORAGE, AK 99515

ANDREW CRAIG  
P.O. BOX 2465  
CORDOVA, AK 99574

ANNALEE HILL  
700 E. LAKE CIRCLE  
PALMER, AK 99645

ANTHONY CHERNISHOFF  
P.O. BOX 1804  
CORDOVA, AK 99574

APD AUXILIARY SEARCH TEAM  
715 EAST 15TH AVE  
ANCHORAGE, AK 99501

ARC 'N' SPARK WELDING  
308 SHELIKOF AVE  
KODIAK, AK 99615

ARCTIC OFFICE PRODUCTS  
P.O. BOX 100083  
ANCHORAGE, AK 99510

ARCTIC WIRE ROPE AND SUPPLY  
6407 ARCTIC SPUR ROAD  
ANCHORAGE, AK 99518

ARSENY KONEV  
P.O. BOX 3573  
HOMER, AK 99603

ASLANIAN, VANESSA  
610 GALER CT  
APT 225  
SEATTLE, WA 98109

ASPLUND SUPPLY  
4005 SPENARD ROAD  
ANCHORAGE, AK 99503

AT & T  
P.O. BOX 52602  
PHOENIX, AZ 85072-2602

AT & T  
P.O. BOX 5019  
CAROL STREAM, IL 60197-5019

AT & T WHITTIER  
P.O. BOX 22111  
TULSA, OK 74121-2111

AT & T WIRELESS SERVICES  
PO BOX 105068  
ATLANTA, GA 30348-5068

AT & T WIRELESS SERVICES  
617 EASTLAKE AVE. E.  
SEATTLE, WA 98109

AUCTION BLOCK  
4501 ICE DOCK RD  
HOMER, AK 99603



AUGUSTUS COTTEN  
PO BOX  
HALIBUT COVE, AK 99603

AURORA REFRIGERATION  
P.O. BOX 111370  
ANCHORAGE, AK 99511-1370

AURORA WELDING SERVICE  
608 E. 74TH.  
ANCHORAGE, AK 99518

AUTIO COMPANY  
93750 AUTIO LOOP  
ASTORIA,, OR 97103

AUTOMATIC DATA PROCESSING  
5000 148TH AVE NE  
REDMOND, WA 98052-5119

B&J FORKLIFT SERVICES, INC.  
380 E. 54TH AVE  
ANCHORAGE, AK 99518

BAADER NORTH AMERICA CORP.  
3086 PAYSPHERE CIRCLE  
CHICAGO, IL 60674

BANK OF AMERICA  
P.O. BOX 53155  
PHOENIX, AZ 85072-3155

BARKER, TRACY  
14910 SYKES DR S.E.  
MONROE, WA 98272

BECKWITH & KUFFEL  
1313 S 96TH STREET  
SEATTLE, WA 98108

BEGICH TOWERS  
P.O. BOX 725  
PO BOX 725  
WHITTIER, AK 99693

BELLINGHAM COLD STORAGE CO.  
P.O. BOX 895  
BELLINGHAM, WA 98227

BENEFICIAL NATIONAL BANK  
EAGLE  
P.O. BOX 15736  
WILMINGTON, DE 19886-5736

BENJAMIN TROCKI  
P.O. BOX 703  
GIRDWOOD, AK 99587

BENT PROP INN  
3104 EIDE ST  
ANCHORAGE, AK 99503

BEST TRANSIT MIX  
35482 K-B DRIVE  
SOLDOTNA, AK 99669

BILL AFONIN  
PO BOX 1472  
HOMER, AK 99603

BLACK POINT IT SERVICES  
20435 72ND AVE. S. # 200  
KENT, WA 98032

BOLDING'S ENTERPRISES, LLC  
2725 DILIGENCE CIRCLE  
ANCHORAGE, AK 99515

BRACKETT, GLEN  
PO BOX 1746  
DUVALL, WA 98019

BRACKETT, MAUREEN  
1410 191ST PL SE  
BOTHELL, WA 98012

BREGANTE COMPANY LLP  
301 BATTERY STREET  
2 MEZZANINE  
SAN FRANCISCO, CA 94111

BRENDA J STROTHER  
PO BOX 3498  
KENAI, AK 99611

BRETT T LAICHAK  
770 LARS CIRCLE  
ANCHORAGE, AK 99518

BRIAN LEE  
31250 W LEE DRIVE  
SUTTON, AK 99674

BROOKS ALASKAN SEAFOOD  
P.O. BOX 220727  
ANCHORAGE, AK 99522

BROOKS, MICHAEL  
P.O. BOX 220727  
ANCHORAGE, AK 99522

BROWN'S ELECTRICAL SUPPLY CO  
1415 SPAR AVE.  
ANCHORAGE, AK 99501-1810

BROWNLINES  
P.O. BOX 1708  
MT VERNON, WA 98272

BRYON HAGGERN  
36373 RIVER POINT DR  
ASTORIA, OR 97103

BUCKNELL STEHLIK SATO & STUBNE  
2003 WESTERN AVENUE SUITE 400  
SEATTLE, WA 98121

BUDDY J RENNER  
PO BOX 878  
KASILOF, AK 99610

BUDDY'S GARAGE  
48714 WEST POPPY LANE  
SOLDOTNA, AK 99669

CA BOURGEOIS  
P.O. BOX 1945  
CORDOVA, AK 99574

CALEB PRESTON  
P.O. BOX 3  
GIRDWOOD, AK 99587

CALKINS & BURKE LTD  
SUITE 800- 1500 W GEORGIA ST  
VANCOUVER, BC V6G 2Z6

CARL A TAURIANEN  
PO BOX 8004  
NIKISKI, AK 99635

CARLILE TRANSPORTATION  
1800 E 1ST AVE  
ANCHORAGE, AK 99501

CARPENTER, ERIC  
5432 E. NORTHERN LIGHT  
ANCHORAGE, AK 99508

CARQUEST AUTO PARTS  
PO BOX 404875  
ATLANTA, GA 30384-4875

CASCADE MACHINERY & ELECTRIC  
PO BOX 34936 DEPT 1063  
SEATTLE, WA 98124-1936

CENTRAL PENINSULA REFRIGERATION  
212 E INTERNATIONAL AIRPORT RD  
ANCHORAGE, AK 99518-1594

CENTRAL PLUMBING & HEATING INC  
212 E INTERNATIONAL AIRPORT RD  
ANCHORAGE, AK 99518-1594

CENTURY LINK  
PO BOX 91155  
SEATTLE, WA 98111-9255

CHARLES I BRADY  
367 W ARLINGTON AVE  
SOLDOTNA, AK 99669

CHARLES SKEEK  
P.O. BOX 742  
PETERSBURG, AK 99833

CHASE & GARRETT DANNA  
PO BOX 7263  
NIKISKI, AK 99635

CHERNISHOFF, ANTHONY  
P.O. BOX 1804  
CORDOVA, AK 99574

CHOU & YENWEN SHEN  
P.O. BOX 750  
WHITTIER, AK 99693

CHRISTOPHER PERRY  
PO BOX 1808  
HOMER, AK 99603

CHRISTOPHER THOMAS  
1852 E 24TH AVE  
ANCHORAGE, AK 99508

CHUGACH ELECTRIC  
P.O. BOX 196300  
ANCHORAGE, AK 99519

CITICAPITAL  
P.O. BOX 6229  
CAROL STREAM, IL 60197-6229

CITY OF HOMER  
491 E. PIONEER AVE.  
HOMER, AK 99603-7624

CITY OF KOTZEBUE  
P.O. BOX 46  
KOTZEBUE, AK 99752

CITY OF SEATTLE  
DEPT OF FINANCE  
P.O. BOX 34905  
SEATTLE, WA 98124-1905

CITY OF WHITTIER  
P.O. BOX 608  
WHITTIER, AK 99693

CLERK OF COURT  
825 W 4TH AVENUE  
ANCHORAGE, AK 99501

COMCAST  
P.O. BOX 34744  
SEATTLE, WA 98124-1744

COMMODITY FORWARDERS INC.  
11101 S. LA CIENEGA BLVD  
LOS ANGELES, CA 90045

COMPSEE TRACKING SOLUTIONS  
DEPT. CH 17886  
PALATINE, IL 60055-7886

CONSTRUCTION MACHINERY INC.  
5400 HOMER DRIVE  
ANCHORAGE, AK 99518

CONTINENTAL LAND  
1113 W. FIREWEED LANE  
ANCHORAGE, AK 99503

COPPER RIVER FINE SEAFOODS  
LOCKBOX #631116  
P.O. BOX 94574  
SEATTLE, WA 98124-6874

COPPER RIVER SEAFOODS, INC  
810 CHILDS AVE  
KENAI, AK 99611

CORDOVA OUTBOARD, INC.  
P.O. BOX 960  
CORDOVA, AK 99574

CPD ALASKA LLC  
201 ARCTIC SLOPE AVENUE  
ANCHORAGE, AK 99518

CRAIG A SCHLOESSER  
PO BOX 356  
ANCHOR POINT, AK 99556

CRAIG NEWBURY  
1710 MARLEE DRIVE  
BURLINGTON, WA 98233

CRESCENT ELECTRIC  
PO BOX 500  
EAST DUBUQUE, IL 61025-4418

CRONIN CO ANCHORAGE  
5230 NORTH BASIN  
PORTLAND, OR 97217

CRYSTAL SPRINGS WATER COMPANY  
7100 42ND AVE S.  
SEATTLE, WA 98118-3515

CTT MANAGEMENT CO, LLC  
4304 DERRICK COVE  
SPICEWOOD, TX 78669

CUMMINS NORTHWEST INC.  
LOCKBOX 138324  
PO BOX 398324  
SAN FRANCISCO, CA 94139-8324

CWM INDUSTRIES, INC.  
340 E. 76TH AVE.  
ANCHORAGE, AK 99518

DACO  
8825 SOUTH 184TH ST  
KENT, WA 98031

DAN BILDERBACK  
P.O. BOX 723  
CORDOVA, AK 99574

DANGEROUS CAPE FISHERIES  
780 DAYBREEZE CT.  
HOMER, AK 99603

DANIEL DEMATTEIS  
37553 21ST AVE. S.  
FEDERAL WAY, WA 98003

DANIEL JORGENSEN  
204 N 162ND ST  
OMAHA, NE 98118

DANNY CARPENTER  
P.O. BOX 1430  
CORDOVA, AK 99574

DAREN TRAXINGER  
P.O. BOX 1822  
CORDOVA, AK 99574

DAVID BLANCHARD  
P.O. BOX 904  
SOLDOTNA, AK 99669

DAVID C SCHEER  
7683 DEAN DR  
WASILLA, AK 99654

DAVID FLEMMING  
6948 FAIRWEATHER DR  
ANCHORAGE, AK 99518

DAVID R MARTIN  
PO BOX 468  
CLAM GULCH, AK 99568

DAVID REUTOV  
31818 S ONA WAY  
MOLALLA, OR 97038

DAVIS WRIGHT TREMAINE LLP  
2600 CENTURY SQRUE  
1501 FOURTH AVENUE  
SEATTLE, WA 98101-1688



DEAN H OSMAR  
PO BOX 32  
CLAM GULCH, AK 99568

DEAN HILDE  
4601 E. WILDHORSE LANE  
BOISE, ID 83712

DEAN PUGH & COMPANY  
7825 176TH STREET SE  
SNOHOMISH, WA 98290

DELUXE BUSINESS FORMS  
P.O. BOX 64500  
ST PAUL, MN 55164-0500

DENNIS MAGNUSON  
P.O. BOX 1732  
SEWARD, AK 99693

DEOMID KUZMIN  
P.O. BOX 1542  
DELTA JUNCTION, AK 99737

DEPARTMENT OF COMMERCE/NOAA  
NORTH PACIFIC FISHERIES RES  
P.O. BOX 93204  
CHICAGO, IL 60673-3204

DEPARTMENT OF LABOR & INDUSTRY  
600 STEWART ST SUITE 1100  
SEATTLE, WA 98101

DEPARTMENT OF NATURAL RESOURCES  
550 W 7TH AVE  
12TH FLOOR  
ANCHORAGE, AK 99501-3554

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201

DERRICK BRANSON  
P.O. BOX 3404  
SEWARD, AK 99664

DESPERATE MARINE LLC  
2490 KACHEMAK DRIVE  
HOMER, AK

DIANA SOSA, CPA  
161 SAN BRUNO AVENUE  
BRISBANE, CA 94005

DILLION & FINDLEY  
ATTN: MOLLY BROWN  
1049 W. 5TH AVE. SUITE 200  
ANCHORAGE, AK 99501

DIRECTV  
P.O. BOX 60036  
LOS ANGELES, CA 90060-0036

DOJER LTD  
P.O. BOX 669  
WHITTIER, AK 99693

DOUGLAS HEIMBUCH  
P.O. BOX 4502  
SOLDOTNA, AK 99669

DOUGLAS KINER  
P.O. BOX 1925  
CORDOVA, AK 99574

DOWLAND-BACH  
PO BOX 230126  
ANCHORAGE, AK 99523-0126

DUANE PIATT  
48215 LAKESIDE AVE  
SOLDOTNA, AK 99669

DUKOWITZ MACHINE, INC  
P O BOX 8274  
NIKISKI, AK 99635

DUSTY & EVELYN VANMETER  
PO BOX 498  
KASILOF, AK 99610

E&E FOODS CORPORATION  
3922 6TH AVE SOUTH  
SEATTLE, WA 98108

ED VASILE  
1118 S. 99TH PL SUITE 98  
SEATTLE, WA 98108

EDY CARRILLO  
P.O. BOX 2681  
CORDOVA, AK 99574

ELAIN DINNOCENZO  
P.O. BOXD 806  
KASILOF, AK 99610

ELECTRIC INT'L LLC  
5451 LAONA DRIVE  
ANCHORAGE, AK 99518

ELIZABETH J CHASE  
PO BOX 39 KASILOF  
KASILOF, AK 99610

EMA, INC.  
1225 E. INT'L AIRPORT ROAD  
STE 200  
ANCHORAGE, AK 99518

EMMA OWEKE  
W. 256376 SULLIVAN RD  
TREMPEALEAU, WI 54661

EMMONAK CORPORATION  
PO BOX 49  
EMMONAK, AK 99581

ENGLUND MARINE  
95 HAMBURG  
PO BOX 296  
ASTORIA, OR 97103

ENSTAR NATURAL GAS COMPANY  
PO BOX 34760  
SEATTLE, AK 98124-1760

ERIC CARPENTER  
5432 E. NORTHERN LIGHT  
ANCHORAGE, AK 99508

ERIC NEWBURY  
P.O. BOX 136  
GIRDWOOD, WA 99587

ERZA CAMPBELL  
P.O. BOX 2235  
SEWARD, AK 99664

ESTATE OF JACK DEMATTEIS  
10229 EVENING PRIMROSE AVE.  
LAS VEGAS, NV 89135

ETHAN MEIER  
3913 RHODE HARBOR RD  
EDGEWATER, MD 21037

EXECUTIVE SUITE HOTEL  
4360 SPENARD RD  
ANCHORAGE, AK 99517

EXODUS LLC/FRED HANKINS  
68570 LANTZ LN  
COVE, OR 97824

EZRA CAMPBELL  
P.O. BOX 1638  
SEWARD, AK 99664

FAIRCHILD FREIGHT LLC  
1838 W PARKSIDE LANE  
SUITE 210  
PHOENIX, AZ 85027

FAMILY SUPPORT REGISTRY  
P.O. BOX 2171  
DENVER, CO 80201-2171

FASTENERS & FIRE EQUIPMENT CO.  
123 EAST INTERNATIONAL  
AIRPORT RD  
ANCHORAGE, AK 99518

FAVCO  
PO BOX 190968  
ANCHORAGE, AK 99519-0968

FEDEX  
P.O. BOX 94515  
PALATINE, IL 60094-4515

FERGUSON ENTERPRISES, INC.  
P.O. BOX 847411  
DALLAS, TX 75284-7411

FIBERLAY  
24 S IDAHO STREET  
SEATTLE, WA 98134-1119

FIRE CONTROL SYSTEMS INC  
PO BOX 9  
KENAI, AK 99611-0009

FIREMAN'S FUND INSURANCE  
DALLAS CSC  
P.O. BOX 2519  
DALLAS, TX 75221

FIRETECH, LLC  
PO BOX 772062  
EAGLE RIVER, AK 99577-2062

FIRST MORTGAGE, INC  
4141 B STREET SUITE 305  
ANCHORAGE, AK 99503

FIRST NATIONAL BANK  
1751 GAMBLE ST SUITE 128  
ANCHORAGE, AK 99501

FIRST SECURITY LEASING CO.  
P.O. BOX 30710  
SALT LAKE CITY, UT 84141

FISHHAWK FISHERIES INC  
PO BOX 715 #1 4TH ST  
ASTORIA, OR 97103

FLAT IRON CAPITAL  
1700 LINCOLN ST. 12TH FL  
DENVER, CO 80203

FLAT IRON CAPITOL  
1700 LINCOLN STREET 12TH FL  
DENVER, CO 80203

FOCUS MANAGEMENT GROUP  
5001 WEST LEMON STREET  
TAMPA, FL 33609

FOMA EFIMOV  
PO BOX 2296  
HOMER, AK 99603

FOREST JENKINS  
W25126 SULLIVAN RD  
TREMPEALEAU, WI 54661

FRANCIS MULLEN  
PO BOX 2577  
HOMER, AK 99603

FRANK D NEWTON  
260 JULIUSSEN ST  
KENAI, AK 99611

FRED MATVEEV  
8440 RYOALES PL  
ANCHORAGE, AK 99504

FRONTIER PACKAGING  
1201 ANDOVER PARK EAST  
SUITE 101  
TUKWILLA, WA 98188

FRONTIER PAPER  
P.O. BOX 84145  
SEATTLE, WA 98124-5445

FULLER BOATYARD, INC.  
817 E. MARINE WAY  
KODIAK, AK 99615

G & H CONSTRUCTION  
50465 PATRICK DRIVE  
KENAI, AK 99611

G.C.I.  
2550 DENALI ST. SUITE 1000  
ANCHORAGE, AK 99509

GARNESS INDUSTRIAL PROD.  
6317 NIELSEN WAY  
ANCHORAGE, AK 99518

GARY SPRUILL  
PO BOX 161  
KASILOF, AK 99610

GARY WHITE  
11534 GREEN CT  
CONIFER, CO 80433

GARY'S TRUCK SALES  
1537 E DOWLING ROAD  
ANCHORAGE, AK 99507

GCR TIRE SERVICE  
PO BOX 910530  
DENVER, CO 80291-0583

GEA REFRIGERATION NORTH  
PO BOX 13383  
NEWARK, NJ 07101-3383

GENE SHADLE  
P O BOX 2748  
KENAI 99611

GENERAL INERNATIONAL  
600 UNIVERSITY ST  
SEATTLE, WA 98101

GEOFF GROSS  
P.O. BOX 517  
GIRDWOOD, AK 99587

GEORGIA PACIFIC  
P.O. BOX 730448  
DALLAS, TX 75373-0448

GERALD T BYRNE  
131 SIERRA HEIGHTS  
SOLDOTNA, AK 99669

GILBERT A OLSEN  
3617 HENDERSON LOOP  
ANCHORAGE, AK 99507

GLACIER ELECTRIC CONSTRUCTION  
PO BOX 2065  
SOLDOTNA, AK

GLACIER PACKAGING INC.  
DEPT #1029  
P.O. BOX 94936  
SEATTLE, WA 98124-1936

GRAINGER  
DEPT 821998762  
PO BOX 419267  
KANSAS CITY, MO 64141-6267

GRAINGER, STANLEY  
P.O. BOX 1387  
SOLDOTNA, AK 99669

GREATER WHITTIER CHAMBER  
PO BOX 607  
WHITTIER, AK

GREG PETTINGILL  
P.O. BOX 916  
CORODOVA, AK 99574

GREG RANKIN  
P.O. BOX 985  
CORDOVA, AK 99574

GREGORY R PERKINS  
317 SHELIKOF ST  
KODIAK, AK 99615



GRIGORY KASACHEV  
P.O. BOX 874232  
WASILLA, AK 99687

GUARDIAN SECURITY SYSTEMS  
2600 SEWARD HIGHWAY  
ANCHORAGE, AK 99503

HARBOR HYDRAULICS  
523 RAILROAD AVE  
P.O. BOX 631  
CORDOVA, AK 99574

HAYDEN ELECTRIC MOTORS, INC.  
4191 OLD SEWARD HWY  
ANCHORAGE, AK 99503

HAYSMER, PAUL  
PO BOX 782125  
SEBASTIAN, FL 32978

HD FISH PUMPS  
32204 46TH PL S  
AUBURN, WA 98001

HERNANDEZ ENTERPRISES  
1505 CONTRARY COURT  
ANCHORAGE, AK 99515

HERSCHLEB, KENT  
P.O. BOX 1661  
CORDOVA, AK 99574

HOLMES WEDDLE & BARCOTT  
701 WEST 8TH AVENUE  
SUITE 700  
ANCHORAGE, AK 99501

HOME DEPOT CREDIT SERVICES  
DEPT-32-2139334357  
P.O. BOX 183175  
COLUMBUS, OH 43218-3175

HOMER ELECTRIC ASSOCIATION, INC  
280 AIRPORT WAY  
ATTN: MELINDA MILLER  
KENAI, AK 99611

HUNNEX AND SHOEMAKER, INC.  
701 FIFTH AVENUE  
SUITE 7310  
SEATTLE, WA 98104

IKON OFFICE SOLUTIONS  
3075-112TH AVE NE SUITE 200  
PO BOX 96046  
BELLEVUE, WA 98004

INDEPENDENT LIFT TRUCK  
1200 E. 70TH AVE  
ANCHORAGE, AK 99518

INDUSTRIAL BOIL & CONTROLS  
106 E DOWLING ROAD STE B  
PO BOX 91418  
ANCHORAGE, AK 99509-1418

INDUSTRIAL COATINGS & SEALANTS  
12521 EVERGREEN DR., #8  
MUKILTEO, WA 98275

INFOSAT COMMUNICATIONS  
P O BOX 2268  
BLAINE, WA 98231-2268

INLET FISH PRODUCERS, INC.  
PO BOX 114  
KENAI, AK 99611

INLET PETROLEUM COMPANY  
PO BOX 94356  
SEATTLE, WA 98124

INTEGRATED MARINE SYSTEMS, INC  
4816 15TH AVE NW  
SEATTLE, WA 98107

INTERNATIONAL MARINE  
221 THIRD ST 1ST FLOOR  
NEWPORT, RI 02840

INTERNATIONAL MOVING & STORAGE  
5430 B. ST. SUITE A  
ANCHORAGE, AK 99518

INTERNET COMMERCE & COMM.  
DEOT 9105  
DENVER, CO 80271-9105

INTERSTATE DISTRIBUTION CENTER  
PO BOX 1925  
CULVER CITY, CA 90232

INTRAFISH MEDIA  
701 DEXTER AVE N STE 410  
SEATTLE, WA 98109

IONA SEREBREKOFF  
PO BOX 1283  
HOMER, AK 99603

IVAN K REUTOV  
PO BOX 2366  
HOMER, AK 99603

JACKSON ENTERPRISES, INC.  
P.O. BOX 2091  
SOLDOTNA, AK 99669

JAKE ROSAUER  
P.O. BOX 78  
GIRDWOOD, AK 99587

JAKE WISE  
1930 EAST END RD #B  
HOMER, AK 99603

JAMES MERRIT  
3150 AMIGO DRIVE  
LAKE HAVASU, AK 86404

JAMES MURPHY  
P.O. BOX 885  
GIRDWOOD, AK 99587

JAMES S WHEELER  
PO BOX 305  
CLAM GULCH, AK 99568

JARON MURPHY  
3201 WOODRUFF LP  
WASILLA, AK 99654

JASON METZ  
37104 TINY RD  
SOLDOTNA, AK 99669

JAY SCHMELZENBACH  
37030 CONNER RD  
SOLDOTNA, AK 99669

JEFF S HODDER  
PO BOX 448  
STERLING, AK 99672

JEFFREY M WIDMAN  
3431 CHERRY ST  
ANCHORAGE, AK 99504

JENS FJORTOFT  
P.O. BOX 2051  
CORDOVA, AK 99574

JERRY ROGERSS, JR  
PO BOX 8353  
NIKISKI, AK 99635

JIM WILLIAMSON  
255 ASPEN DR  
SOLDOTNA, AK 00099-6699

JIM'S EQUIPMENT REPAIR, LLC  
1153 EAST 74TH AVE  
ANCHORAGE, AK 99518

JOE REUTOV  
589 W LN  
MOLALLA, OR 97038

JOE SHEN  
PO BOX 750  
WHITTIER, AK 99693

JOEL LATHBURY  
6006 ADAGION LN  
APOLLO BEACH, FL 33572

JOHN C FORD  
6229 LAKE ALBANA AVE  
SAN DIEGO, CA 92119

JOHN HERSCHLEB  
P.O. BOX 447  
GIRDWOOD, AK 99587

JOHN P ROSS  
PO BOX 86  
SELDOVIA, AK 99663

JOHNSTONE SUPPLY  
7500 OLD SEWARD HWY  
SUITE A  
ANCHORAGE, AK 99518

JOSE IVAN CEBALLOS  
P.O. BOX 2606  
CORDOVA, AK 99574

JOSEPH DRAGSETH  
PO BOX 408  
KENAI, AK 99611

JOSEPH FLEMING JR  
P.O. BOX 231746  
ANCHORAGE, AK 99523

JOSEPH FLEMMING SR  
P.O. BOX 231746  
ANCHORAGE, AK 99523

JOSEPH MALATESTA  
PO BOX 2228  
SOLDOTNA, AK 99669

JOSHUA GRUMBLIS  
1832 BELLEVUE LOOP  
ANCHORAGE, AK 99515

JOSHUA JENSEN  
P.O. BOX 872084  
WASILLA, AK 99687

JOSHUA NEWTON  
PO BOX 877309  
WASILLA, AK 99687

KABAN BACKLUND  
48178 SEWARD HWY  
MOOSE PAST, AK 99631

KACHEMAK ELECTRIC CO. INC  
PO BOX 373  
KENAI, AK 99611

KACHEMAK GEAR SHED  
3625 EAST END RD  
HOMER, AK 99603

KALGIN MECHANICAL LLC  
PO BOX 1512  
SOLDOTNA, AK 99669

KALLISTRAT KUZMIN  
P.O. BOX 869  
DELTA JUNCTION, AK 99737

KARIN L HERMANSEN  
8941 GOLOVIN ST  
ANCHORAGE, AK 99507

KARL B. BACKLUND  
48178 SEWARD HWY  
MOOSE PAST, AK 99631

KARL FISHING  
48178 SEWARD HWY  
MOOSE PAST, AK 99631

KEITH FINDLEY  
805 NW BUCKEYE AVE  
EARLHAM, IA 50072

KELSEY OPSTAD  
3500 TAIGA DRIVE  
ANCHORAGE, AK 99513

KEN MANNING  
6325 WOODHILL DR  
GIG HARBOR, WA 98332

KENAI DIESEL AND MARINE  
35403 K B DRIVE  
SOLDOTNA, AK 99669

KENAI LANDING INC  
4786 HOMER SPIT ROAD  
HOMER, AK 99603

KENAI NEON SIGN CO  
50550 KENAI SPUR HWY  
KENAI, AK 99611

KENAI PENINSULA BOROUGH  
144 NORTH BINKLEY  
SOLDOTNA, AK 99669-7520

KENAI PENINSULA FISHERMAN'S ASSOC  
43961 KALIFORNSKY BEACH RD  
SFUITE F  
SOLDOTNA, AK 99669

KENAI RIVER PIZZA, INC  
10544 KENAI SPUR HWY  
SUITE C  
KENAI 99611

KENAI WELDING  
703 CHILDS ST  
KENAI, AK 99611

KENNETH PARKER  
9577 WEST 5 MILE RD  
BRANCH, MI 49402

KENNETH RUNDLE  
9299 CLAY BROOK RD  
SEDRO WOOLLEY, WA 98284

KENNETH WIRKKALA  
P.O. BOX 795  
IIWACO, WA 98624

KENT HERSCHLEB  
P.O. BOX 1661  
CORDOVA, AK 99574

KENT WAREHOUSE & LABELING, INC.  
22615 64TH AVE SOUTH  
KENT, WA 98032

KERIL REUTOV  
P.O. BOX 529  
HOMER, AK 99603

KEVIN VESSEL  
P.O. BOX 669  
SEWARD, AK 99664

KIC CONSTRUCTION, LLC  
1500 W 33RD AVE  
STE 105  
ANCHORAGE, AK 99503

KIM MARINE DOCUMENTATION, INC  
180 NICKERSON STREET SUITE 212  
SEATTLE, WA 98109

KIMBERLY MENSTER  
P.O. BOX 463  
CORDOVA, AK 99574

KINEMATICS MARINE EQUIPMENT  
5625 48TH DRIVE NE UNIT B  
MARYSVILLE, WA 98270



KING COUNTY TREASURY  
500 4TH AVE #600  
SEATTLE, WA 98104-2340

KIRIL MATVEEV  
P.O. BOX 2139  
HOMER, AK 99603

KOAL BACKLUND  
P.O. BOX 2944  
SEWARD, AK 99664

KOTZEBUE ELECTRIC ASSOC. INC  
245A 4TH & LAGOON ST.  
P.O. BOX 44  
KOTZEBUE, AK 99752

KOTZEBUE SOUND FISHERIES ASSOC  
P.O. BOX 476  
KOTZEBUE, AK 99751

KRIS ANDERSON  
P.O. BOX 1373  
CORDOVA, AK 99574

KURTIS KRAMER  
P.O. BOX 1138  
GIRDWOOD, AK 99587

KYLE KAIN  
P.O. BOX 1824  
SEWARD, AK 99664

LAB SAFETY SUPPLY INC.  
401 S. WRIGHT ROAD  
P.O. BOX 5004  
JANESVILLE, WI 53547-4738

LABOR MAX  
P.O. BOX 900  
PO BOX 900  
KEARNEY, MO 64060

LABOR READY  
PO BOX 3708  
SEATTLE, WA

LANCE E BARNETT  
PO BOX 1267  
ASTORIA, AK 99556

LARRY MARCH  
3307 BONIFACE PARKWAY #114  
ANCHORAGE, AK 99508

LAURA A HERMANSEN  
8941 GOLOVIN ST  
ANCHORAGE, AK 99507

LAZY OTTER CHARTERS, INC  
6754 WATERFALL DR  
EAGLE RIVER, AK 99577

LE DUC PACKAGING  
8825 SOUTH 184TH ST.  
KENT, WA 98031-1232

LEE GOODMAN  
P.O. BOX 112931  
ANCHORAGE, AK 99511

LEO AMERICUS  
P.O. BOX 2112  
CORDOVA, AK 99574

LEONID AFONIN  
P.O. BOX 87558  
WASILLA, AK 99687

LEONTEY KUZMIN  
P.O. BOX 1542  
DELTA JUNCTION, AK 99737

LEWISGOETZ  
PO BOX 644819  
PITTSBURGH, PA 15264-4819

LFS CORDOVA  
851 COHO WAY  
BELLINGHAM, AK 98225

LIBERTY MUTUAL INSURANCE  
P.O. BOX 7247-0109  
PHILADELPHIA, PA 19170-0109

LISA RAGLAND  
17100 KINGS WAY  
ANCHORAGE, AK 99516

LOMAX, STEVEN  
317 SPOTSWOOD  
MOSCOW, ID 83843

LONG BUILDING TECHNOLOGIES  
PO BOX 5501  
DENVER, CO 80217-5501

LONGS MARINE SERVICES  
PO BOX 663  
WHITTIER, AK 99693

LOUIS TINER  
P.O. BOX 1223  
SEWARD, AK 99664

LYNDEN AIR CARGO  
P.O. BOX 34026  
SEATTLE, WA 98124-1026

LYNDEN AIR FREIGHT  
6441 S. AIRPARK PLACE  
ANCHORAGE, AK 99502-1809

M & P TRUCKING  
P O BOX 2748  
KENAI, AK 99611

MACHINATOR, LLC  
PO BOX 39596  
NINILCHIK, AK 99639

MAGNUSON, TRAVIS  
P.O. BOX 177  
GIRDWOOD, AK 99587

MAKSIM AFONIN  
7645 HIWAY 291  
FORD, WA 99013

MARC ZIMMERAN  
36225 MERE CIRCLE  
SOLDOTNA, AK 99669

MAREL SEATTLE INC.  
2001 WEST GARFIELD  
TERMINAL 91, BLDG A-1  
SEATTLE, WA 98119

MARINE SURVEYORS & CONSULTANTS  
PO BOX 22123  
MILWAUKIE, OR 97269-2123

MARITIME RECRUITERS  
P.O. BOX 260  
MERCER ISLAND, WA 98040

MARK FLANAGAN  
P.O. BOX 3673  
SEWARD, AK 99664

MARK KNIGHT  
12620 NEHER RIDGE DR  
ANCHORAGE, AK 99516

MARK SANCHEZ  
305 S BEACH ST  
TOPPINISH, WA 98948

MARK VAN  
P.O. BOX 854  
PO BOX 854  
GIRDWOOD, AK 99587

MARKIAN POLUSHKIN  
P.O. BOX 3693  
HOMER, AK 99603

MARTIN, DAVID  
P.O. BOX 468  
CLAM GULCH, AK 99568

MARY DEMATTEIS  
10229 EVENING PRIMROSE AVE.  
LAS VEGAS, NV 89135

MARY DEMATTEIS  
10229 EVENING PRIMROSE AVE.  
LAS VEGAS, NV 89100

MATERIAL FLOW ALASKA  
PO BOX 550  
DONALD, OR 97020

MATT LUKIN  
P.O. BOX 2039  
HOMER, AK 99603

MATT PANCRAZ  
P O BOX 5054  
NIKOLAEVSK, AK 99556

MATTHEW W HAGGREN  
155 SKYLINE AVE  
ASTORIA, OR 97103

MATTRESS RANCH  
35911 KENAI SPUR HWY  
SUITE #17  
SOLDOTNA, AK 99669

MATVEEV, FRED  
8440 RYOALES PL.  
ANCHORAGE, AK 99504

MAX HARVEY  
P.O. BOX 771026  
EAGLE RIVER, AK 99577

MAXIM F MARTUSHEV  
PO BOX 2336  
HOMER, AK 99603

MCJUNKIN RED MAN  
35159 K DRIVE STE B  
SOLDOTNA, AK 99669

MELISSA CRAIG  
13331 BADGER LANE  
ANCHORAGE, AK 99516

MICHAEL BROOKS  
P.O. BOX 220727  
ANCHORAGE, AK 99522

MICHAEL BROWN  
720 BURTON ST  
SHERIDAN, WY 82801

MICHAEL KOMPKOFF  
P.O. BOX 212851  
ANCHORAGE, AK 99524

MICHAEL MCCARTHY  
P.O. BOX 1685  
CORDOVA, AK 99574

MICHAEL PIATKOFF  
111 5TH ST SOUTH  
ERSKINE, MN 56535

MICHAEL SPAETGENS  
56760 EAST END RD  
HOMER, AK 99603

MICHAEL TOWLE  
P.O. BOX 1875  
CORDOVA, AK 99574

MICHAEL WEGDAHL  
473 ELOCHOMAN VALLEY RD  
CATHLAMET, WA 98612

MIKE HAGGREN  
1 THIRD ST #105  
ASTORIA, OR 97103

MILLER, SCOTT  
6040 196TH AVE SW  
ROCHESTER, WA 98579

MITHCELL NOWICKI  
P.O. BOX 2232  
CORDOVA, AK 99574

MOORE & MOORE SERVICES  
3900 STERLING HWY  
HOMER, AK 99603

MORRIL & TERRY MAHAN  
PO BOX 122  
KASILOF, AK 99610

MORRIS PRINTING COMPANY, INC.  
830 SECOND STREET  
SNOHOMISH, WA 98290

MORRIS PUBLISHING GROUP  
PO BOX 1486  
AUGUSTA, GA 30903-1486

MORRIS, DEIDRE M  
PO BOX 862  
SLANA, AK 99586

MOTION INDUSTRIES  
FILE 57463  
LOS ANGELES, CA 90074-7463

MOVERS OF WASHINGTON  
P.O. BOX 93401  
ANCHORAGE, AK 99509-3401

MOVERS, INC.  
P.O. BOX 91413  
ANCHORAGE, AK 99509-1413

MSC ALASKA SALMON  
1900 WEST EMERSON PL #205  
SEATTLE, WA 98119

MULTIFROST  
101 WEST FIR  
OTHELLO, WA 99344-1060

MUNICIPAL LIGHT & POWER  
P.O. BOX 196094  
ANCHORAGE, AK 99519

MUNICIPAL SERVICES BUREAU  
PO BOX 16755  
AUSTIN, TX 78761-6755

MUNICIPALITY OF ANCHORAGE  
P.O. BOX 196650  
FINANCE DEPARTMENT  
ANCHORAGE, AK 99519

NATHAN R. TUELLER  
MOONLIGHT MAID

NATIONWIDE FINANCIAL  
P.O. BOX 183046  
COLUMBUS, OH 43218-3046

NC MACHINERY CO.  
PO BOX 58201  
TUKWILA, WA 98138-1201

NGB, INC.  
DBA D & B TRUCKING  
1905 E. LINCOLN AVE.  
TACOMA, WA 98421

NICHOLAS NEBESKY  
BLVD #478  
ANCHORAGE, AK 99503

NIPPON EXPRESS USA, INC.  
18303 8TH AVE SOUTH  
SEATTLE, WA 98148

NIST, JACOB  
409 14TH AVE  
MILTON, WA 98354



NOMAR LLC  
104 EAST PIONEER AVE  
SUITE 1  
HOMER, AK 99603

NOMURA TRADING CO LTD  
10940 NE 33RD PL SUITE 111  
BELLEVUE, WA 98004

NORTH ALASKA FISHERIES, INC.  
P.O. BOX 92737  
ANCHORAGE, AK 99509

NORTH PACIFIC PROCESSORS, INC.  
PO BOX 1040  
CORDOVA, AK 99574

NORTH PACIFIC SEAFOODS  
P.O. BOX 31179  
SEATTLE, WA 98103

NORTHERN AIR CARGO  
3900 W. INTL AIRPORT ROAD  
ANCHORAGE, AK 99502

NORTHERN EXPLORER/EZRA  
P.O. BOX 2235  
SEWARD, AK 99664

NORTHERN OFFICE SUPPLY  
P.O. BOX 233649  
ANCHORAGE, AK 99523-3649

NORTHLAND SERVICES, INC.  
DEPT 85  
P.O. BOX 34935  
SEATTLE, WA 98124

NORTHWEST DISTRIBUTING COMPANY  
8401 BRAYTON DRIVE  
ANCHORAGE, AK 99507

NORTHWEST FISHERIES ASSOC.  
6523 CALIFORNIA AVE SW #314  
SEATTLE, WA 98136

NORTHWEST FISHERIES ASSOC.  
2208 NW MARKET STREET  
SUITE 318  
SEATTLE, WA 98107

NORTHWEST GEL, INC.  
P.O. BOX 671530  
CHUGIAK, AK 99567

NRC ALASKA LLC DBA EMERALD ALASKA  
PO BOX 740027  
LOS ANGELES, CA 90074-0027

NSF SEAFOOD  
DEPT. LOCKBOX #771380  
PO BOX 77000  
DETROIT, MI 48277-1380

NUEZCA, CESAR & JANETTE  
9421 DUNDEE CIRCLE  
#8  
ANCHORAGE, AK 99502

OCEAN BEAUTY SEAFOODS, INC.  
PO BOX 70739  
SEATTLE, WA 98127

OCEAN SEAFOOD MARKETING CO.  
P.O. BOX 1187  
NOVATO, CA 94948-1187

ODIE'S MARINE SERVICES  
5601 CAMELOT DRIVE #A-1  
ANCHORAGE, AK 99504

OFFICE OF THE HARBORMASTER  
P.O. BOX 388  
BETHEL, AK 99559

OIL & GAS SUPPLY  
6160 TUTTLE PLACE, STE B  
ANCHORAGE, AK 99507

OLIN RINDAL  
2809 KLAMATH DR #2  
ANCHORAGE, AK 99517

ON DEMAND TRUCKING  
P.O. BOX 2976  
HOMER, AK 99603

ORCA BAY  
900 POWELL AVE SW  
RENTON, WA 98055

ORCA OIL CO. INC.  
P.O. BOX 910  
CORDOVA, WA 99574-0910

ORCAS BUSINESS PARK  
P.O. BOX 81024  
SEATTLE, WA 98108

ORTHODOX UNION  
11 BROADWAY  
NEW YORK, NY 10004

OTS WELDING  
35841 IRONS AVENUE  
SOLDOTNA, AK 99669

OTZ TELEPHONE COOPERATIVE, INC.  
PO BOX 324  
KOTZEBUE, AK 99752-0324

OUTBOARD SERVICES  
2355 KACHEMAK DR SUITE 103  
HOMER, AK 99603

OZONE INTERNATIONAL  
12685 MILLER RD NE  
SUITE 1300  
BAINBRIDGE ISLAND, WA 98110

PACIFIC ALASKA FORWARDERS, INC  
DEPT #4198  
P.O. BOX 34936  
SEATTLE, WA 98124-1936

PACIFIC ALASKA FREIGHTWAYS  
PO BOX 24827  
SEATTLE, WA 98124-0827

PACIFIC DETROIT DIESEL-ALLISON  
P.O. BOX 4000  
PORTLAND, OR 97208

PACIFIC HARVEST SEAFOOD  
6601-117TH AVE S.E.  
BELLEVUE, WA 98006

PACIFIC METAL CO.  
P.O. BOX 5000  
PORTLAND, OR 97208

PACIFIC POWER PRODUCTS  
P.O. BOX 640  
RIDGEFIELD, WA 98642-0640

PACIFIC SEAFOOD CO  
PO BOX 842757  
BOSTON, MA 02284-2757

PACIFIC STAR SEAFOODS, INC.  
P.O. BOX 190  
KENAI, AK 99611

PAPE' MATERIAL HANDLING  
PO BOX 5077  
PORTLAND, OR 97208-5077

PARITY CORPORATION  
11812 NORTH CREEK PARKWAY N.  
SUITE 204  
BOTHELL, WA 98011-8202

PARKER WHALEY  
P.O. BOX 671008  
CHUGIAK, AK 99567

PATRICK FEND  
P.O. BOX 877197  
WASILLA, AK 99687

PAUL E ROTH  
PO BOX 3154  
HOMER, AK 99603

PAUL LACA  
P.O. BOX 523  
GIRDWOOD, AK 99587

PAUL OWEKE  
W. 256376 SULLIVAN RD  
TREMPEALEAU, WI 54661

PAUL R TOSTE  
PO BOX 299  
GRAYLAND, WA 98547

PDX TRANSPORT  
PO BOX 143475  
ANCHORAGE, AK 99514

PENINSULA OVERHEAD DOORS  
41710 MILL AVE  
SOLDOTNA, AK 99669

PENINSULA PUMPING, INC.  
42115B KALIFORNSKY BEACH RD  
SOLDOTNA, AK 99669

PENINSULA SANITATION  
P.O. BOX 1209  
SOLDOTNA, AK 99669

PETE GRANGER  
PO BOX 1387  
SOLDOTNA, AK 99669

PETE JENKINS  
2400 TASHA DRIVE  
ANCHORAGE, AK 99502

PETER BROCKERT  
P.O. BOX 2326  
CORDOVA, AK 99574

PETER PAN SEAFOODS, INC.  
2200 SIXTH AVENUE  
SUITE 100  
SEATTLE, WA 98121

PETRO BASARGIN  
P.O. BOX 2126  
HOMER, AK 99603

PETRO MARINE SVCS  
43442 K-BEACH ROAD  
SOLDOTNA 99669

PHILLIP REUTOV  
20837 YUKON ST NE  
AURORA, OR 97002

PINNACLE LOGISTICS, INC.  
PO BOX 1808  
EDMONDS, WA 98020

PIONEER DOOR INC.  
6514 GREENWOOD STREET  
ANCHORAGE, AK 99518

PIONEER PETROLEUM MAINTENANCE  
PO BOX 200926  
ANCHORAGE, AK 99520-0926

PITNEY BOWES INC.  
PO BOX 371887  
PITTSBURG, PA 15250-7887

PLATON BASARGIN  
P.O. BOX 1494  
HOMER, AK 99603

PLUMBLINE PLUMBING & HEATING  
PO BOX 114  
418 FIRST ST.  
CORDOVA, AK 99574

POLAR SUPPLY COMPANY  
300 E. 54TH AVENUE  
ANCHORAGE, AK 99518

POSTAGE BY PHONE  
PO BOX 7900071  
SAINT LOUIS, MO 63179-0071

POTTER HALL INTERNATIONAL  
4875 COOL SPRINGS DRIVE  
RENO, NV 89509

PRECISION COMPANY, INC.  
P.O. BOX 272851  
TAMPA, FL 33688-2851

PREFERRED PLUMBING & HEATING  
335 MAIN ST LOOP  
KENAI, AK

PRL LOGISTICS, INC.  
421 WEST FIRST AVE  
STE 250  
ANCHORAGE, AK 99501

PROGRESSIVE BUSINESS  
P.O. BOX 3019  
MALVERN, PA 19355

PUGET SOUND PIPE & SUPPLY CO.  
2120 SPAR AVE  
ANCHORAGE, AK 99501

PWSAC  
P.O. BOX 1110  
CORDOVA, AK 99574-1110

QUALITY BUSINESS SYSTEMS  
P.O. BOX 398160  
SAN FRANCISCO, CA 94139-8160

R.C.'S DOCK  
P.O. BOX 112714  
ANCHORAGE, AK 99511-2714

R.L. COOK SALES & SUPPLY CO.  
8814-14TH AVE SO.  
SEATTLE, WA 98108-4864

RABANG, CISCO  
6605 63RD DR NE  
MARYSVILLE, WA 98270

RANDAL KOCHER  
370 PATRIC RD  
COBBLESKILL, NY 12043

RANDAL L VASKO  
21055 EARL CT  
KASILOF, AK 99610

RANDAL VASKO  
PO BOX 810  
KASILOF, AK 99610

RANDAL VASKO C/O  
ROBERT H. HUME, JR.  
LANDYE BENNETT BLUMSTEIN LLP  
701 W. 8TH AVE., SUITE 1200  
ANCHORAGE, AK 99501

RAVENSTAR PACIFIC SHIPPING  
3705 ARCTIC BLVD. #498  
ANCHORAGE, AK 99503

RAY J CORREIA  
PO BOX 456  
CLAM GULCH, AK 99568

REDDEN MARINE SUPPLY  
1411 ROEDER AVENUE  
BELLINGHAM, WA 98225-2916

REDDEN OF CORDOVA  
3625 EAST END RD  
HOMER, AK 99603-9426

REFRIGERATION SUPPLIES DIST.  
26021 ATLANTIC OCEAN DRIVE  
LAKE FOREST, CA 92630

REGENCE BLUESHIELD  
P.O. BOX 35022  
SEATTLE, WA 98124-3500



RELIABLE APPLIANCE  
1200 E 76TH SUITE 1204  
ANCHORAGE, AK 99518

RESPOND SYSTEMS  
9191 OLD SEWARD HWY #6  
PO BOX 220348  
ANCHORAGE, AK 99522-0348

REUTOV, KERIL  
P.O. BOX 529  
HOMER, AK 99603

RICHARD CASCIANO  
P.O. BOX 584  
CORDOVA, AK 99574

RICHARD WHEELER  
P.O. BOX 256  
ARDENVOIR, WA 98811

RICHARD WISE  
1634 STERLING HWY  
HOMER, AK 99603

RICKY R WIK  
1122 INLET WOODS DR  
KENAI, AK 99611

RIGGS TOWING & RECOVERY  
1648 POST ROAD  
ANCHORAGE, AK 99501

ROBBIN R LEVENHAGEN  
PO BOX 143  
KASILOF, AK 99610

ROBERT A CORREIA  
PO BOX 729  
KASILOF, AK 99610

ROBERT CORREIA  
P.O. BOX 456  
PLAN GULCH, AK 99568

ROBERT HOOVER  
P.O. BOX 1039  
CORDOVA, AK 99574

ROBERT J WOLFE  
PO BOX 1125  
GIRDWOOD, AK 99587

ROBERT JOHNSON  
P.O. BOX 871621  
JAMIE D  
WASILA, AK 99687

ROBERT MATISON  
P.O. BOX 815  
VERNON, AZ 85940

ROBERT NELSON  
P.O. BOX 2682  
SOLDOTNA, AK 99669

ROBERT SHERMAN  
P.O. BOX 522  
CORDOVA, AK 99574

ROBERT SWITZER  
P.O. BOX 3093  
HOMER, AK 99603

ROGERS MACHINERY COMPANY, INC.  
P.O. BOX 23279  
PORTLAND, OR 97281

ROLAND P JONES  
250 PHILLIPS DR  
KENAI, AK 99611

ROLYAN BUOYS  
W68N158 EVERGREEN BLVD  
CEDARBURG, WI 53012

RON NOLAND  
2717 TURK DR  
TULALIP, WA 98271

RON THOMPSON  
143 WILD RODE LN  
TOLEDO, WA 98591

RONI CAMRON  
51995 ARNESS RD  
KENAI, AK 99611

ROSAUER, JAKE  
P.O. BOX 78  
GIRDWOOD, AK 99587

ROTO ROOTER  
PO BOX 112688  
ANCHORAGE, AK 99511-2688

RUD KANZOW GMBH & CO KG  
TRETTAUSTR 22  
HAMBURG, GERMANY 21107

RUSSELL SHAW  
P.O. BOX 226  
CORDOVA, AK 99574

RYAN BROUGHTON  
P.O. BOX 264  
SEWARD, AK 99664

RYAN MEGANACK  
PO BOX 5526  
PORT GRAHAM, AK 99603

RYCO EQUIPMENT  
6810 220TH SW  
MOUNTLAKE TERRACE, WA 98043

SAFETY & SUPPLY CO.  
5510 EAST MARGINAL WAY SOUTH  
SEATTLE, WA 98134-2496

SAFETY INC.  
3710 WOODLAND DR. STE 1500  
ANCHORAGE, AK 99517-2590

SAI GLOBAL INC.  
PO BOX 311116  
LOCK BOX #T66072U  
DETROIT, MI 48231

SAM COTTON  
PO BOX 6432  
HALIBUT COVE, AK 99603

SARA PARKER  
P.O. BOX 1986  
CORODOVA, AK 99574

SAUERBREY, JON  
40291 BOULDER PARK LANE  
SOLDOTNA, AK 99669

SAVE-U-LOTS  
P.O. BOX 1750  
CORDOVA, AK 99574

SCANDIA CAPITAL PARTNERS, INC.  
15304 NE 95TH STREET  
REDMOND, WA 98052

SCOTT BOTTOMS  
189 E. NELSON AVE #225  
WASILLA, AK 99654

SEA-SHORE ENTERPRISES/LOADSTAR  
2070 E BOGARD ROAD  
WASILLA, AK 99654-6536

SEAFAX  
P.O. BOX 15340  
PORTLAND, ME 04103

SEAFIRST  
BANKCARD SERVICES  
P.O. BOX 84000  
SEATTLE, WA 98184-1100

SEAFOODS PRODUCERS  
2875 ROLDER AVE  
BELLINGHAM, WA 98225

SEAFRESH  
88 EAST HAMLIN STREET  
PO BOX C-5030  
SEATTLE, WA 98105-0030

SEATTLE CHAMBER OF COMMERCE  
SUITE 2400  
1301 5TH AVENUE  
SEATTLE, WA 98101-2603

SEATTLE MARINE & FISHING SUPPLY  
2121 WEST COMMODORE WAY  
SEATTLE, WA 98199

SEATTLE-TACOMA BOX COMPANY  
23400 71ST PLACE SOUTH  
KENT, WA 98032-2994

SECAP FINANCE  
PO BOX 405371  
ATLANTA, GA 30384-5371

SETH M JORGENSEN  
7033 E JOANDE ARC AVE  
SCOTTSDALE, AZ 85254

SEWARD BOAT HARBOR  
P.O. BOX 167  
SEWARD, AK 99664

SEWARD FISHERIES  
P.O. BOX 8  
SEWARD, AK 99664

SHARPE, JASON  
PO BOX 486  
KENAI, AK 99611

SHAW, RUSSELL  
P.O. BOX 226  
CORDOVA, AK 99574

SHAWN GILMAN  
P.O. BOX 2232  
CORDOVA, AK 99574

SHERMAN SIGNS  
43420 KALIFORNSY BEACH RD #1  
SOLDOTNA, AK 99669

SHORESIDE PETROLEUM INC.  
P.O. BOX 1189  
SEWARD, AK 99664-1189

SIGNODE SERVICE BUSINESS  
P.O. BOX 71057  
CHICAGO, IL 60694

SILVERST KUZMIN  
P.O. BOX 1046  
DELTA JUNCTION, AK 99737

SIMPLY SIGNS  
205 IOWA ST, UNIT A  
KENAI, AK 99611

SIX STATES DISTRIBUTORS  
44113 K-BEACH ROAD  
SOLDOTNA, AK 99669

SKYLER IRVIN  
63 HEMNLOCK BRIDGE RD  
FRYEBURG, ME

SMALL BUSINESS ADMINISTRATION  
FMLP PROGRAM  
9062 OLD ANNAPOLIS RD  
COLUMBIA, MD 21045

SMITH, TIMOTHY  
P.O. BOX 25  
MENLO, WA 98561

SOLID WASTE SERVICES  
P.O. BOX 196637  
ANCHORAGE, AK 99519-6637

SOUTH CENTRAL RADAR  
4406 HOMER SPIT RD  
HOMER, AK 99603

SPENARD BUILDERS SUPPLY  
PO BOX 99060  
ANCHORAGE, AK 99509

STANLEY GRANGER III  
PO BOX 1387  
SOLDOTNA, AK 99669

STATE CENTRAL COLLECTION UNIT  
P.O. BOX 6219  
INDIANAPOLIS, IN 46206-6219

STATE FISH COMPANY, INC.  
2194 SIGNAL PLACE  
SAN PEDRO, CA 90731-7288

STATE OF ALASKA  
PO BOX 111800  
JUNEAU, AK 99811-1800

STATE OF ALASKA  
AIRPORT ACCOUNTING SECTION  
P.O. BOX 196960  
ANCHORAGE, AK 99519-6960

STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES  
2150 EAST DOWLING ROAD  
ANCHORAGE,, AK 99507-1997

STATE OF ALASKA  
12050 INDUSTRY WAY  
ANCHORAGE, AK 99515

STATE OF ALASKA  
LEASING UNIT MANAGER  
550 W 7TH AVENUE, STE 900C  
ANCHORAGE, AK 99501

STATE OF WASHINGTON  
DEPARTMENT OF REVENUE  
P.O. BOX 34051  
SEATTLE, WA 98124-1051

STEPHEN S WEBB  
PO BOX 1122  
KASILOF, AK 99610

STEVE LOMAX  
317 SPOTSWOOD  
MOSCOW, ID 83843

STEVE POTTER  
17995 MARIES CR 538  
ROLLA, MO 65401

STEVE WALTER  
P.O. BOX 487  
GIRDWOOD, AK 99587

STEVEN CLARK  
P O BOX 573  
KENAI, AK 99611

STEVEN DOUMIT  
PO BOX 406  
CATHLAMET, WA 98612

STEVEN E CLARK  
PO BOX 573 KENAI  
KENAI, AK 99611

STEWART TITLE COMPANY  
3330 ARCTIC BLVD.  
ANCHORAGE,, AK 99503

STILES, ROGER  
11738 SW 250TH LANE  
VASHON, WA 98070

STORM CHASERS MARINE  
13552 LOWELL POINT RD  
PO BOX 757  
SEWARD, AK 99664

STROTHERS, BRENDA  
P.O. BOX 3498  
KENAI, AK 99611



STUERHK DELIKATESSEN  
ALTER KIRCHWEG 31  
TRETТАUSTRASSE 22 2709 MARNE

STUSSER ELECTRIC  
P.O. BOX 2820  
ISSAQUAH, WA 98027-0129

SUBURBAN PROPANE  
PO BOX 12068  
FRESNO, CA 93776-2068

SUBURBAN PROPANE  
1200 E. WHITNEY RD  
ANCHORAGE, AK 99501-1634

SUPERIOR ELECTRIC  
PO BOX 3426  
KENAI, AK 99611

SUZANNE DEMATTEIS  
7555 44TH AVE SW  
SEATTLE, WA 98136

SYSCO FOOD SERVICES OF SEATTLE  
P.O. BOX 97054  
22820 54TH AVE SO.  
KENT, WA 98064-9754

TATONDUK OUTFITTERS LIMITED  
P.O. BOX 61680  
FAIRBANKS, AK 99706

TAURIAINEN ENGINEERING & TESTING, INC  
35186 KENAI SPUR HWY  
SOLDOTNA 99669

TAYLOR EVENSON  
541 TOGIAK CL #B  
ANCHORAGE, AK 99503

TAYLOR FIRE SERVICE  
725 W WASAIR DR #1A  
WASILLA, AK 99654

TED STEVENS ANCHORAGE INT AIRP  
P.O. BOX 196960  
ANCHORAGE, AK 99519

TELESYSTEMS WEST INC.  
11232 120TH AVE NE  
SUITE 111  
KIRKLAND, WA 98033

TERENTY ANDREEFF  
P.O. BOX 1373  
CORDOVA, AK 99574

TERRACE ON THE LAKE  
2421 BENTZEN CIRCLE  
ANCHORAGE, AK 99517

TERRY BRAY  
P.O. BOX 1189  
CORDOVA, AK 99574

TERRY MERRIT  
P.O. BOX 938  
CORDOVA, AK 99574

THE ESTATE OF JACK DEMATTEIS  
10229 EVENING PRIMROSE AVE.  
LAS VEGAS, NV 89135

THE FISH FACTORY  
800 FISH DOCK ROAD  
HOMER, AK 99603

THE HOME DEPOT  
10480 KENAI SPUR HWY  
KENAI, AK 99611

THE MANIFEST GROUP  
100 EAST SARATOGA  
MARSHALL, MN 56258-1714

THE SAFETY TEAM  
670 SOUTH LUCILE ST  
SEATTLE, WA 98108

THOMAS BUCHANAN  
PO BOX 925  
SEWARD, AK 99611

THOMAS A DALRYMPLE  
PO BOX 1502  
SOLDOTNA, AK 99669

THOMAS ABERLE  
429 W 10TH ST  
JUNEAU, AK 99801

THOMAS G STROTHER  
PO BOX 2060  
KENAI, AK 99611

THOMAS L YOUNG  
2601 N TAHITI LOOP  
ANCHORAGE, AK 99507

THOMAS LOVE  
P.O. BOX 881  
GIRDWOOD, AK 99587

THOMAS M BUCHANEN  
PO BOX 925  
SEWARD, AK 99664

THOMAS MISSEL  
P.O. BOX 637  
SEWARD, AK 99664

TIM CABANA  
P.O. BOX 201  
GIRDWOOD, AK 99587

TIM TOLAR  
1201 EQUINOX WAY  
KENAI, AK 99611

TIME FORCE  
9350 S 150 E  
STE 300  
SANDY, UT 84070-2702

TIMOFEY REUTOV  
P.O. BOX 1804  
CORDOVA, AK 99574

TIMOTHY E SEEKER  
1172 SR4  
NASELLE, WA 98638

TIMOTHY SMITH  
P.O. BOX 25  
MENLO, WA 98561

TINDALL BENNETT & SHOUP, P.C.  
508 W. SECOND AVE.  
THIRD FLOOR  
ANCHORAGE, AK 99501

TK SERVICES, INC.  
3321 W. 70TH  
ANCHORAGE, AK 99502

TOMAS PSTROSS  
P.O. BOX 2614  
CORDOVA, AK 99574

TORUS  
26567 NETWORK PLACE  
CHICAGO, IL 60673-1265

TOTEM EQUIPMENT & SUPPLY, INC.  
2536 COMMERCIAL DRIVE  
ANCHORAGE, AK 99501

TOTEM OCEAN TRAILER EXPRESS,  
P.O. BOX 4129  
FEDERAL WAY, WA 98063-4129

TR TRUCKING  
3400 INDUSTRY DR E  
FIFE, WA 98424

TRAIL GYPSY, LLC  
1948 BRANDILYN  
ANCHORAGE, AK 99516

TRAILERCRAFT  
1301 EAST 64TH AVE  
ANCHORAGE, AK 99518

TRAVIS LEE  
65050 S VICTORY RD  
SUTTON, AK 99674

TRAVIS MAGNUSSON  
P.O. BOX 177  
GIRDWOOD, AK 99587

TRI CORE PLASTICS  
6520 SALISH DRIVE  
VANCOUVER B.C. V6N 2C7

TUDOR AUTO & TRUCK  
411 W TUDOR RD  
ANCHORAGE, AK 99503

TULEER  
PO BOX 913  
GIRDWOOD, AK 99587

TWO BEAR HOLDINGS LLC  
PO BOX 230636  
ANCHORAGE, AK 99523

TYCO SIMPLEXGRINNELL  
DEPT CH 10320  
PALATINE, IL 60055-0320

TYRELL SEAVEY  
P.O. BOX 265  
SEWARD, AK 99664

U.S. BANCORP EQUIPMENT FIN.  
13010 S.W. 68TH PKWY  
PORTLAND, OR 97223

U.S. BANK  
P.O. BOX 790429  
ST. LOUIS, MO 63179-0429

U.S. SMALL BUSINESS ADMIN.  
510 L STREET  
ROOM 310  
ANCHORAGE, AK 99501

UDELHOVEN OILFIELD  
184 E 53RD AVENUE  
ANCHORAGE, AK 99518-1822

ULINE  
PO BOX 88741  
CHICAGO, IL 60680-1741

UNIFIED OFFICE SERVICES  
5715 CHASE POINT CIRCLE  
COLORADO SPRINGS, CO 80919

UNIGARD SERVICE CORPORATION  
P.O. BOX 93001  
BELLEVUE, WA 98009-3001

UNITED COOK INLET DRIFT ASSOC  
43961 K-BEACH RD  
SUITE E  
SOLDOTNA 99669

UNITED RENTALS NORTHWEST, INC.  
FILE 51122  
LOS ANGELES, CA 90074-1122

UNITED UTILITIES INC.  
PO BOX 92730  
ANCHORAGE, AK 99509-2730

UNIVAR  
13009 COLLECTIONS CTR DR  
CHICAGO, IL 60693

US BANK /CO TERESA PEARSON  
MILLER NASH LLP  
3500 U.S. BANCORP TOWNER  
111 SW 5TH AVE.  
PORTLAND, OR 97204-3638

US BEARINGS & DRIVES  
DIV. OF MOTION INDUSTRIES  
P.O. BOX 98412  
CHICAGO, IL 60693-8412

US DEPARTMENT OF COMMERCE-NOAA  
PO BOX 979008  
ST LOUIS, MO 63197-9000

VARIFALAMEI SNIGIREV  
P.O. BOX 2487  
HOMER, AK 99603

VASILLI GORDEEV  
P.O. BOX 531  
ANCHOR PT, AK 99556

VC999  
419 E. 11TH AVE  
KANSAS CITY, MO 64116

VICTOR KUZMIN  
P.O. BOX 2495  
HOMER, AK 99603

VIP PROPERTY MANAGEMENT, LLC  
43530 KALIFORNSKY BEACH RD  
SUITE 4  
SOLDOTNA, AK 99669

VLADIMIR KUZMIN  
P.O. BOX 722  
DELTA JUNCTION, AK 99737

VLASY KUTSEV  
P.O. BOX 1995  
CORDOVA, AK 99574

VLASY SELEDKOV  
P.O. BOX 598  
MOLALA, OR 97038

WADE BUSCHER  
P.O. BOX 1032  
CORODOVA, AK 99574

WALTER BOVICH  
PO BOX 1989  
HOMER, AK 99603

WALTER, STEVE  
P.O. BOX 487  
GIRDWOOD, AK 99587

WARREN BROWN  
P.O. BOX 77  
SELDOVIA, AK 99663

WASHINGTON ALLIANCE  
FOR HEALTHCARE INSURANCETRUST

WASHINGTON BELT & DRIVE SYSTEM  
P.O. BOX 94162  
SEATTLE, WA 98124-6462

WASHINGTON DENTAL SERVICE  
P.O. BOX 75983  
SEATTLE, WA 98125-0983

WASHINGTON LIFTRUCK, INC.  
700 SOUTH CHICAGO  
SEATTLE, WA 98108

WASHINGTON STATE SUPPORT REG  
PO BOX 45868  
OLYMPIA, WA 98504-5868

WAXIE SANITARY SUPPLY  
P.O. BOX 60227  
LOS ANGELES, CA 90060-0227

WCP/FRONTIER PAPER  
PO BOX 84145  
SEATTLE, WA 98124-5445

WEBB'S TOWING  
400 E. 95TH COURT  
ANCHORAGE, AK 99515



WELL FARGO EQUIP. FINANCE  
733 MARQUETTE AVE.  
SUITE 700  
MINNEAPOLIS, MN 55402

WELLS FARGO EQUIPMENT FIN. INC  
1540 W. FOUNTAINHEAD PKWY  
TEMPE, AZ 85282

WELLS FARGO EQUIPMENT FINANCE  
1540 W. FOUNTAIN HEAD  
TEMPE, AZ 85282

WELLS FARGO INSURANCE SERVICES  
601 UNION STREET  
SUITE 1300  
SEATTLE, WA 98133

WELLS FARGO INSURANCE SERVICES  
ATTN: MARLA BRANCH  
999 3RD AVE, SUITE 4100  
SEATTLE, WA 98104

WELLS FARGO INSURANCE SERVICES  
ATTN: MARLA BRANCH  
999 3RD AVE, SUITE 4100  
SEATTLE, WA 98104

WESLEY WOODS  
P.O. BOX 463  
CORDOVA, AK 99574

WESMAR COMPANY, INC.  
333 NE 89TH  
SEATTLE, WA 98115

WESTERN SHEET METAL, INC.  
2604 SEWARD HIGHWAY  
ANCHORAGE, AK 99501

WHEELER, RICHARD  
P.O. BOX 256  
ARDNVOIR, WA 98811

WHITTIER SMALL BOAT HARBOR  
P.O. BOX 639  
WHITTIER, AK 99693

WILLIAM COOK  
153 E VAIL  
YUKON, OK 73099

WILLIAM CRAIG  
13331 BADGER LANE  
ANCHORAGE, AK 99516

WILLIAM GRANGER  
PO BOX 1162  
SOLDOTNA, AK 99669

WILLIAM MARKOWITZ  
P.O. BOX 2645  
SEWARD, AK 99664

WILLIAM OLSEN  
41 FERN HILL RD  
CATHLAMET, WA 98612

WILLIAM WEBBER  
P.O. BOX 1230  
CORDOVA, AK 99574

XANADU SEAFOODS, INC.  
5405 192ND ST SW  
LYNNWOOD, WA 98036

YAKOV BASARGIN  
35670 UPLAND ST  
SOUTH HOMER, AK 99603

ZACHARY GRUMBLIS  
7429 SAND LK RD  
ANCHORAGE, AK 99502

ZEE SERVICE COMPANY  
2511A FAIRBANKS ST.  
ANCHORAGE, AK 99503

ZEP MANUFACTURING  
21019 77TH AVE SO.  
KENT, WA 98032

ZION CREDIT CORP  
P.O. BOX 26536  
SALT LAKE CITY, UT 84126

ZIONS BANK  
NATIONAL REAL ESTATE GROUP  
P.O. BOX 26304  
SALT LAKE CITY, UT 84126

ZIONS CREDIT CORP.  
310 S. MAIN  
SUITE 1300  
SALT LAKE CITY, UT 84101

ZIONS FIRST NATIONAL BANK  
ONE S. MAIN ST.  
SUITE 1400  
SALT LAKE CITY, UT 84133

ZURICH NORTH AMERICA  
DEPT. 2437  
CAROL STREAM, IL 60132-2437

**United States Bankruptcy Court  
Western District of Washington**

In re **Great Pacific Seafoods, Inc.**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Great Pacific Seafoods, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**May 29, 2016**

Date

**/s/ Aimee S. Willig WSBA**

**Aimee S. Willig WSBA #22859**

Signature of Attorney or Litigant

Counsel for **Great Pacific Seafoods, Inc.**

**Bush Kornfeld LLP**

**601 Union St., Suite 5000**

**Seattle, WA 98101-2373**

**206-292-2110 Fax:206-292-2104**